

## Financial Policy

It is the policy of UTHealth East Texas Physicians to have a Financial Policy that clearly outlines patient and practice financial responsibilities. UTHealth East Texas Physicians is committed to providing our patients with the best possible medical care while also maintaining a financially sound practice. This Financial Policy has been established with these objectives in mind, and to avoid any misunderstanding or disagreement concerning payment for professional services.

- It is the patient's responsibility to provide us with current insurance and demographic information and to bring their insurance card to each visit.
- Our office participates with numerous insurance companies and managed health care programs. For patients that are members of one of these plans, our business office will submit a claim for services rendered. All necessary insurance information, including special forms, must be completed by the patient prior to leaving the office.
- If a patient has insurance that we do not participate in you will be notified of this. Our office is happy to file the claim upon request; however, you are responsible for any coinsurance or deductible amounts.
- It is the patient's responsibility to pay any deductible, co-payment or any portion of the charges as specified by the plan at the time of the visit. Any medical services not covered by an individual's insurance plan are the patient's responsibility and payment in full is due at the time of the visit.
- If requested, a written estimate of the charges will be provided to the patient; however, this may result in a delay in scheduling. The actual charges may vary from the estimate and the amount paid by patient and/or their third party payor may vary from the estimate. The patient should contact their insurance carrier to obtain specific information regarding the plan structure, benefits, deductibles, copayments and other provisions of their specific policy.
- Payment for professional services can be made with cash, check or credit card.
- It is the patient's responsibility to ensure that any required referrals for treatment are provided in the practice prior to the visit. Visits may be rescheduled, or the patient may be financially responsible due to lack of referral.
- The patient will be billed for any patient due balance remaining after third party insurance has paid. Upon patient request, an itemized statement will be made available within 10 business days.
- Complaints and problems regarding billing should be addressed to our Central Billing Office. The Central Billing Office is located at P.O. Box 1304 Pittsburg, TX 75686, (903) 946-5376 or (903) 946-5526. It is our hope that we can resolve any complaints or concerns through this process; however, you may file a complaint with the Texas Department of State Health Services, Health Facility Compliance Group, 1100 West 49th Street, Austin, Texas 78756, phone (888) 973-0022, fax (512) 834-665, e-mail [hfc.complaints@dshs.state.tx.us](mailto:hfc.complaints@dshs.state.tx.us). If you feel that your complaint was not resolved properly.
- Any over-payment by the patient resulting in a refund due will be refunded to the patient within 30 days of determining that an over-payment has been made.
- The adult accompanying a minor and the parents (or guardians of the minor) are responsible for payments due at the time of service. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized or payment by credit card, cash or check at time of service has been verified.
- Our practice believes that a good physician/patient relationship is based upon understanding and good communications. Questions about financial arrangements should be directed to the physician's office. We are here to help you.

**I UNDERSTAND THE ABOVE INFORMATION AND WILL BE RESPONSIBLE FOR THE PATIENT LISTED BELOW.**

Print Name of Patient: \_\_\_\_\_ Account #: \_\_\_\_\_  
DOB \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date