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AOSM FINANCIAL POLICY

Dear Patient/Responsible Party:

This notice will explain to you our financial and payment policy. Hopefully it will reduce any confusion and misunderstanding. Please keep in mind that insurance policy is a contract between you and the insurance company. Physician has no control over what the insurance carrier does or does not cover. We realize that from time to time questions arise about our financial and payment policy. Please contact our staff for any more information.

1. **Payment:** You are directly responsible for payment at time of service. You are expected to pay any co-pay, coinsurance, deductible, balance or any non-covered amounts at the time of service.
2. **Cash Pay/Non-Par:** If you do not have medical insurance or we do not contract with your insurance carrier, you will be required to pay a \$300 deposit up front. If you have medical insurance with a carrier we are not contracted with, we will file to your insurance carrier as a courtesy; however, you will be responsible for any higher out-of-network expenses.
3. **Insurance:** Please provide our office with your current correct insurance card. If you are covered under more than one insurance policy and subscribers we need the following information of subscriber: insured's party name, social security number, address, phone number, date of birth and employer's name and address along with any changes that have occurred since last visit. Please notify us as to which carrier is primary and secondary. As a courtesy, we will file to both your primary and secondary insurance only. **If you have a tertiary insurance, you will be responsible for filing these claims.** If you do not provide us with correct primary insurance information, you will be responsible for any pending or denied charges. We do our best at notifying all patients of our network status with each carrier presented; however, **ultimately it is your responsibility to know the network/benefit status prior to receiving services.** **If your insurance company sends payment to you by mistake; you must forward payment/endorsed check to us immediately.**
4. **Workers Compensation/MVA (Motor Vehicle Accident):** If your injury is due to a work injury or motor vehicle accident, our office needs to be notified immediately. All services provided for motor vehicle injuries will be treated as cash pay and payment is due at time of service. **We do not accept Letters of Protection.** A receipt and detailed statement will be provided to you at check-out to turn in to your claims adjustor. All work comp injuries will need to be approved by your adjustor prior to being seen. There is no charge to you for a verified worker's compensation injury. You must bring us a photocopy of a "First Report of Injury" signed by your supervisor or have your supervisor telephone us to verify your coverage. If your injury is not covered by worker's compensation, you will be responsible for payment for services.
5. **Referral:** The insurance company requires referral from your primary care doctor (PCP). You must present a valid referral from your PCP prior to your appointment. If we do not have a valid referral on file, your appointment will be cancelled and rescheduled once received. If a referral is not obtained and you choose to be seen, you will be treated as private pay and required to make payment at time of service.
6. **Billing:** We are billing to your insurance as a courtesy on your behalf. If you are aware of retro-active disenrollment from your insurance company, our business office needs to be notified immediately. The insurance company provides necessary information to you and not us. You are responsible to respond to any additional request such as Coordination of Benefits, Subrogation/Accident questionnaires, Pre-Existing, etc. It is your responsibility to provide our office with updated billing information. If our office does not hear from your insurance company within 60 days, we request your help in contacting your insurance company to resolve the payment delay.

7. **Non-Covered Service:** Your insurance may not pay for all of your health care cost. Insurance company sometimes does not pay or pays less than customary charges because of pre-existing condition (non covered benefit), exclusion of diagnosis, out-of-network, etc. This does not mean that the service, consultation, tests or work up is not necessary. It means that the insurance company will not pay for these services under your benefits. You will be financially responsible for non-covered services.
8. **DME/Orthotics:** At times your physician may feel for treatment purposes that DME/Orthotics (knee brace, shoulder therapy kits, heel lifts, crutches etc) are needed. These items may be subject to a deductible or co-insurance under your benefit plan. For this reason, a down payment is collected at time of service for these items. If your insurance processes your claim at 100%, a refund will be processed once treatment is completed, all date of service are processed and there are no outstanding patient balances. According to FDA regulations, these items cannot be returned once you have left the office.
9. **Statement:** If your insurance company fails to pay your bill or you have a remaining balance, you will receive a statement with the amount due and payable immediately. If a statement is not received for whatever reason, you are also notified from your insurance carrier with an Explanation of Benefits/Payment. If you have not received a statement from us within 30 days of receiving notification from your insurance company, please notify our business office immediately. **It is your responsibility to notify us if your address changes.** If you feel that the insurance company has denied your claim or processed payment in error, please follow up with your insurance company immediately to get this resolved. If our office is an out-of-network provider, the non-covered services and deductible are higher. Your insurance will determine these charges, not our office. **Returned checks are a \$35 fee. Post dated and "held checks" are not permitted. NSF fee and charges must be paid by cash or money order.**
10. **Delinquent Accounts:** We do turn delinquent accounts over to an independent collection agency. We want to work with you to avoid this last effort to clear your account, so please notify our office of any changes of address or employment. Your best protection is to pay your co pay and to pay for non-covered services at each visit so that you are never faced with an accumulation of multiple visits. In the event your account is referred to a collection agency, you will be responsible for collection costs, to include interest of 1.5% and reasonable attorney fees.
11. **Medication:** We have no control over insurance for your medication coverage. Our office is not responsible for non-covered medications. Many times there is no generic equivalent medicine in market and you have to pay out of pocket. It is your responsibility to obtain medicine and take it as recommended. We can help you with drug samples on short course if available but not long term therapy.
12. **Medical Records Request:** All records request require a signed Medical Release Form. Please allow up to 15 days for all records request to be processed. The fee for medical records is \$25 for the first 20 pages and \$.50 for each additional page copied. There is a separate fee for both medical and financial records. There is a \$15 fee for execution of affidavit. Charge for x-ray/diagnostic imaging \$8 per copy.
13. **Refunds:** All refunds will be processed within 30 days of notification as long as treatment is completed and all dates of service have been processed by insurance carrier. Any credit on your account will first be applied to any outstanding patient balances prior to processing refund. The refund will be credited by either credit card or check depending on method used for original payment.

Please realize that maintaining financial viability is the only way our office is able to continue providing quality service. Your understanding and cooperation enables us to deliver the type of healthcare you deserve and expect. If you do not provide the correct information at each visit, we will not be paid. Ultimately you are expected to pay at time of services rendered to you or reschedule your appointment. If you have any questions pertaining to any of these policies, please contact our business office prior to your visit at 972-985-1072.

By signing below, I understand and acknowledge this financial policy.

Patient Signature/Legal Guardian

Printed Name

Date