Patient Financial Responsibility Policies & Agreement

In order to establish clear and straight-forward communication between our patients and practice, TotalCare has adopted the following policies. If you have any questions regarding these policies, please feel free to ask the front office staff to clarify the policies to you. We are dedicated to providing the best possible care and services to you. We regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

Payment & Collection Policies:
It is our office policy to collect payment when you arrive for your appointment. This includes co-payments, deductibles, payment plans, and any other outstanding balances. We reserve the right to re-schedule your appointment until such payments can be made. For your convenience, our office accepts cash, debit/credit cards and money orders. There is a $35 fee for any returned items including mailed payments and reversed credit card charges.

Please Note: Patients without insurance must pay the discounted office visit fee prior to seeing the provider. Should additional services (ex: injections, labs, testing, etc) be required, payment will be collected prior to receiving them. Should payment not be received at time of service, a statement will be sent.

Should your account have an outstanding balance, TotalCare will send you a monthly statement for your review and easy payment options. Should any portion of your balance be turned over to a collection agency, an 18% collections charge will be added to your account. You may be responsible for any legal fees that are incurred in the collection of the amount.

Your Insurance:
It is TotalCare's policy that you must present your insurance card at each visit.

We have made prior agreements with many insurers and health plans to accept an assignment of benefits. This means that we will bill those plans for which we have an agreement and will only require you to pay the authorized co-payment, co-insurance or deductible amount due. You could be billed for any remaining amount after the services are rendered.

If you have insurance coverage with a plan we do not have a prior agreement, the charges for your care and treatment are due at the time of the services. In the event that your health plan determines a service to be "non-covered" or out-of-network you will be responsible for the negotiated rate for the services performed.

If you have an insurance that requires you to select a PCP or PCM, you will need to contact your insurance prior to your visit to determine your responsibility regarding your services. If you have a PCP assigned to your insurance plan that is not a TotalCare doctor, you will be asked to pay the estimated billed amount at the time of service unless you are able to change your PCP to one of our doctors effective on the date of service.

Extended Hours:
There is an additional fee for services rendered during our extended hours. These times include weekends, holidays* and after 5:00pm on weekdays.

*Holidays include New Year's Day, Good Friday, Easter, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas Eve, Christmas Day and New Year's Eve.

Diagnostic Testing, Surgical Procedures & Allergy Services:
Please be aware of your insurance policy and coverage with regards to surgical procedures, diagnostic testing & allergy services. TotalCare will verify your coverage for these services however you will be responsible for any charges that the insurance does not cover.

Co-pays, co-insurance or deductibles are due before any services will be performed. In the event that you need to reschedule your appointment, please call 24 hours in advance. Testing services are available by appointment only. Failure to show for your appointment could result in being charged a $50.00 no show fee.

Medical Records and Forms:
In accordance with Texas Law, our office requires a written request (form available upon request) for the release of medical records. Our charge is $14.00 for the first 25 pages and then $4.00 for each additional 10 pages thereafter. Please allow 15 business days (Monday through Friday) from the day that payment is received to process your request. According to HIPAA privacy law, you may need to show identification that you have legal rights to this information.

TotalCare has a form fee of $25.00. Should any form be determined to be outside the normal level of complexity, there may be additional charges up to $50.00. Please allow 15 business days for all forms to be completed.

Motor Vehicle Accidents and Workers Comp:
TotalCare is not affiliated with Worker's Comp. If you need to be seen for a workplace injury, we require you pay at time of service.

TotalCare does not file with auto insurance. If you need to be seen for an auto accident injury, we require you pay at time of service.

Please see *Medical Records and Forms* section if you require medical records or forms related to an auto accident or a workplace injury.

Assignment of Benefits (required to file insurance claims):
I hereby assign all medical benefits to which I am entitled to TotalCare and any of its subsidiaries. I hereby authorize my insurance carrier to issue payments directly to TotalCare for medical services rendered to myself regardless of my insurance benefits. I understand that I am responsible for any amount not covered by insurance.

Authorization of Release of Information (required to file insurance claims):
I hereby authorize TotalCare and any of its subsidiaries to: 1) Release any information necessary to insurance carriers regarding my illness and treatments. 2) Process insurance claims generated in the course of examinations and treatments. 3) Allow a photocopy of my signature to be used to process insurance claims for the period of a lifetime. This order will remain in effect until revoked by me in writing.

I have requested medical services from TotalCare and any of its subsidiaries on my behalf and understand that by making this request, I become fully responsible for any and all charges incurred in the course of treatment authorized.

X_____ Patient's (Printed) Name

X_____ Date of Birth

X_____ Patient's (Signed) Name
(Guardian signature if patient is under age 18)

X_____ Date of Signature

TotalCare Employee Initials: _____