



## Patient Financial Responsibility Policies and 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 for 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 Policies:**

It is our office policy to collect payment when you arrive for your appointment. This includes co-payments, estimated co-insurance & deductibles, payment plans, and any other outstanding balances. We reserve the right to reschedule 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.

### **Non-Insured Patients:**

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/elected, payment will be collected prior to receiving them. Should payment not be received at time of service, a statement will be sent.

### **Insured Patients:**

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

We have contractual agreements with many insurance 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, coinsurance or deductible amount due per your insurance's Explanation of Benefits. 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 contractual agreement with, the charges for your care and treatment are due at the time of 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 insurance that requires you to select a Primary Care Provider/Manager (PCP or PCM), you will need to contact your insurance prior to your visit to ensure that a TotalCare physician is assigned to your policy. If you do not have a TotalCare physician selected as your PCP/PCM before your appointment, you will be considered uninsured.

### **Collections:**

Should your account have an outstanding balance, TotalCare will send you a statement for your review and easy payment options. We will happily offer feasible payment arrangements on qualifying balances. Should any portion of your balance be turned over to a collection agency, a 25% collections charge will be added to your account. You may be responsible for any legal fees that are incurred in the collection of the balance.

### **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.*

### **Allergy Services, Diagnostic Testing, Hormone Therapy & Surgical Procedures:**

Please be aware of your insurance policy and coverage with regards to allergy services, surgical procedures, diagnostic testing and hormone therapy. TotalCare will verify your benefits for these services however, benefit quotes are only an estimate and you will be responsible for any outstanding charges after the claim processes. Patient responsibility estimates are due before any services will be performed.



**No-Show Fee:**

In the event that you will need to reschedule your appointment for special testing, please call at least 24 hours in advance. Failure to no-show for your appointment could result in being charged up to a \$100 no-show fee.

**Medical Records, Billing Records & Forms:**

In accordance with Texas Law, our office requires a signed written request (form available upon request) for the release of medical records and/or billing records. There may be fees incurred with the release of your medical records (see medical release information). Please allow 15 business days (Monday – Friday) to process all record requests. If payment is required, 15 business days starts from the date payment is received. 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 for the first page and \$10 per page thereafter. Please allow 15 business days for all forms to be completed.

**Dental Visits, Motor Vehicle Accidents and Workers Comp:**

TotalCare is not affiliated with Workers Comp, auto insurance or dental insurance. For any workplace injuries, auto accidents or dental related issues you will be considered non-insured.

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

**Consent to Text Messaging**

Patients in our practice may be contacted via email and/or text message to remind you of an appointment, to obtain feedback on your experience with our healthcare team, and to provide general health reminders/information. If at any time I provide an email or text address at which I may be contacted, I consent to receiving healthcare communications/information at that email or text address from TotalCare.

*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.*

*By signing below, I am acknowledging that I have read and understand the policies outlined in this document*

X \_\_\_\_\_  
Patient's (Printed) Name

X \_\_\_\_\_  
Date of Birth

X \_\_\_\_\_  
Patient's (Signed) Name  
(Guardians signature if patient is under age 18)

X \_\_\_\_\_  
Date of Signature

TotalCare Employee Initials: \_\_\_\_\_