

# Head to Toe Family Healthcare Financial Policy

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*Welcome to the Office of Head to Toe Family Healthcare. In order for our medical staff to be able to deliver the quality of care that you are accustomed to, we have established our financial policies. The following is a list of guidelines that are necessary to order to continue to provide high quality care and make your visit as pleasant as possible.*

## **PLEASE READ ALL INFORMATION AND ACKNOWLEDGE BY SIGNING BELOW.**

1. We ask that you present your insurance card at each visit. It is your responsibility to provide us with the correct information to bill your insurance.
2. If you have a change of address, telephone numbers, or employer, please notify the receptionist.
3. We will collect your co-pay when you check in and any deductible or co-insurance for procedures when you finish your appointment. If you have a balance after an insurance payment from a previous service, we will also ask for that payment. We accept cash, check and most major credit cards.
4. If your insurance denies our charges or does not pay us in a timely manner, or if your account becomes delinquent we reserve the right to refer your account to a collection agency and to be reported to one or more credit bureau(s).
5. **MEDICARE PATIENTS:** We are participating providers with Medicare and will bill Medicare for all of your covered charges. If you have a supplemental insurance, we will also bill that for you. If you do not have a supplemental insurance, your portion (20%) of amount allowed by Medicare will be collected at the time of service. Each year you will be expected to pay the allowed amount of your charges until your Medicare deductible is met.
6. **HMO-PPO PATIENTS:** If we participate with your plan, we will bill your insurance for you. Your co-payment will be collected at the time of service—no exceptions. If we do not participate in your plan, we will verify your out-of-network benefits, file your charges, and will expect payment of your portion of the charges at the time of services.
7. **SELF PAY PATIENTS:** Patients with no insurance will be expected to pay at the time of service. If you will not be able to pay in full: you must speak to our billing department prior to seeing the physician to make payment arrangements.
8. **NO SHOW OR MISSED APPOINTMENTS:** When an appointment is scheduled with the provider, time is specifically allocated for you. When an appointment is not canceled in advance, and the patient “no shows”, another patient could have been seen in that time slot. We understand there *may* be times when you are unable to keep an appointment, but we ask the courtesy of a phone call to cancel the appointment. If ***two*** appointments are missed without cancellation, you will be charged a \$25 fee. If ***three*** appointments are missed, you will be dismissed from the practice for non-compliance.
9. Your insurance is a contract between you, your employer and the insurance company. **We are not a party to that contract.** It is very important that you understand the provision of your policy. We cannot guarantee payment of claims. If your insurance company pays only a portion of the bill or rejects your claim, any contact or explanation should be made to you, their policy holder. Reduction or rejection of your claim by your insurance does not relieve you of your financial obligation.

Remember, whether you do or do not have insurance, you are ultimately financially responsible for payment of your charges. If you have any questions regarding our financial policy, please contact our billing department at (409)385-6500.

I have read and have a **full** understanding of the financial policy of the Office of Head to Toe Family Healthcare.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_