

**Luann K. Hassan, M.D., P.A.**

**FINANCIAL POLICY**

**PAYMENT:** Payment is due at the time services are rendered. If you have insurance, your co-pay and or coinsurance/deductible is due at the time of service. We accept all major credit cards, personal checks and cash payments. Please be prepared to reschedule your appointment if you are unable to make the required payment.. If you are responsible for a deductible this amount will be available on your second visit and we will ask that you take care of the amount at that time of service.

**PRIVATE PAY:** If you do not have insurance you will be responsible for payment at the time of service. If you are an obstetric patient full payment is due by the 26<sup>th</sup> week of pregnancy. These arrangements will be made with our billing administrator.

**INSURANCE:** Your insurance coverage is an agreement between you and your insurance company. We agree to file claims for contracted carriers per our agreement with your carrier. Most misunderstandings regarding insurance benefits can be avoided if you are aware of your specific policy guidelines. This practice treats by medical necessity, and not what your insurance company will cover. If your insurance company chooses not to pay for any reason or if they choose to delay payment, you will be responsible. **Any payments not received by our carrier within 60 days of the claim filing will be your responsibility.**

**DELINQUENT ACCOUNTS:** Should your account become delinquent for nonpayment, you will be asked to bring your account current before future appointments may be scheduled. If you are unable to make your payment in full, please call our office at 214-647-1533 to make satisfactory payment arrangements.

**RETURNED CHECKS:** A \$25.00 NSF fee will be applied to all returned checks.

**SURGERY/PROCEDURES:** Our office will verify your benefits and pre-certify these services. Co-payment and or coinsurance/deductible is due as a deposit before the date of your surgery (at your pre-op appointment). Be aware of your policy guidelines to ensure that you are not required to contact your carrier as well.

**LABS AND RADIOLOGY:** Lab Corp is the primary lab provider used by this office. Please notify the lab personnel at the time of testing if you require the use of another lab provider.

**MEDICAL RECORDS:** There will be a \$25.00 charges for medical records after you have signed a release of records form. Records are printed on Thursdays of each week.

**FMLA/SHORT TERM DISABILITY:** There is a \$25.00 charge for the completion of each form relative to FMLA (Family Medical Leave Act) or Short Term Disability claims. A specific medical release is required prior to completion of such forms. It may take a minimum of 6 business days to complete these forms.

**MISSED APPOINTMENTS:** There is a \$25.00 charge for missed appointments. A courtesy call is attempted the evening before your appointment is scheduled, however you should not rely on the reminder. Also, there will be a \$10.00 charge for all replacement prescriptions.

I understand and accept the terms of this policy.

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**Patient Signature**

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**Date**

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**Printed Name**