

Financial and Office Policies

This is an agreement between Santaella Surgical Services, North Star Texas Surgical/Creditor and the Patient/Debtor named on this form. In this agreement the words “you”, “your”, and “yours” mean the Patient/Debtor. The word “account” means the account that has been established in your name to which charges are made and payments credited. The words “we”, “us” and “our” refer to Creditor.

By executing this agreement, you are agreeing to pay for all services that are received.

Statements: If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, the finance charge, if any, and any payments or credits applied to your account during the month.

Payments: Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid within 30 days. Any co-payments required by an insurance company must be paid at the time of service. Because this is an insurance requirement, we cannot bill you for these.

Self-pay patients: All self-pay patients are required to pay a deposit before being checked in for their appointment. The current deposit is \$200.00 for new patients and \$100.00 for established patients. After the appointment is completed, the patient will be refunded any overpayment or charged any additional cost.

Credit Card Policy: Santaella Surgical Services/North Star Texas Surgical requires a valid credit card or direct bank debit card information prior to services being rendered. Your credit card / bank account will not be charged until 60 days after the services have been processed by your health insurance carrier and the balance has been deemed your responsibility. You will be notified on your statement of any outstanding balances prior to us charging your Credit Card or initiating an ACH payment from your bank. If a valid Credit Card or Bank Account information is not provided and you are scheduled to have surgery, a deposit will be required to hold your surgical appointment. The deposit will be applied to whatever patient balances are not paid by your health insurance carrier (such as deductibles, co-insurances, co-pays and/or non-covered services). If the insurance carrier's benefits plus the amount on deposit exceed the amount owed for services, the difference will be refunded back to you.

Returned checks: There is a fee (currently \$35.00) for any checks returned by the bank.

Finance Charge: A finance charge will be imposed on each charge on your account which has not been paid within 30 days of the time the charge was added to the account. The finance charge will be computed at the rate of one percent (1%) to the “overdue balance” of your account. The “overdue balance” of your account is calculated by taking the balance owed 30 days ago, and then subtracting any payments or credits applied to the account during that time.

Past due account: If your account becomes past due, we will take necessary steps to collect this debt. We have the option to report your account status to any credit reporting agency such as a credit bureau.

Waiver of Confidentiality: You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Contracted insurance: If we are contracted with your insurance company, we must follow our contract and their requirements. If you have a co-pay or deductible, you must pay that at the time of service.

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Non-contracted insurance: Insurance is a contract between you and your insurance company. We are NOT a party to this contract, in most cases. We will bill your insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance.

Referrals/authorization: If your insurance requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to do so may result in a lower payment from the insurance company.

Referrals: Occasionally our physicians will need to refer you to another specialist. Our physicians offer recommendations based on their experience with the specialist. The specialist they recommend may or may not be an in-network provider with your insurance carrier. You will need to contact your insurance carrier to find out if that physician is in-network. If they are not you can: 1) choose to see a physician in-network according to your carrier or 2) see the physician we recommend out-of network.

The latter may require you to pay more money out of your pocket. If you have an HMO or POS policy you may need a referral to see another physician. Please let us know if you do and we will be happy to take care of that for you if your plan allows. If your insurance is one that will not let us do referrals, you will need to call your Primary Care Physician (PCP) and ask them to do this for you. Please note that if your carrier requires you to choose a (PCP) you must have selected one before any office can complete referrals.

Filing Claims: Please be sure that we have your current insurance information and inform us of any updates or changes. If we do not have current information this will delay payment and possibly cause you to have unexpected expenses. You will be asked to fill out a new information profile completely every year. These profiles expire one year after being signed. You will also be asked to sign in with your name, address, and current insurance information each time you are seen in our office.

Prescription Refills: Prescription refill request will be handled within 2 business days of receipt during regular office hours. No routine prescriptions or narcotic pain medications will be handled after regular office hours or on the weekend.

Telephone Calls: We must screen all calls to the doctors during office hours while they are seeing patients. If you have an emergency, explain to the operator the type of emergency you have and our staff will either pick up your call or call you back within the next few minutes. Calls deemed “non-emergent” will be handled by the clinical staff in the order received. If it is necessary to leave a message for the Doctor the call will be returned within 24–48 hours.

Transferring of Records: You will need to request in writing, and pay a reasonable copying fee if you want to have copies of your records sent to another doctor or organization. Each patient is given one free copy of their medical records. If additional copies are requested the fee will be assessed. The amount of the fee is dependent on the number of pages we need to copy. Our charge is \$25.00 for the first 20 pages and \$0.50 for every subsequent page in accordance with state statutes.

Appointments: It is our goal to provide services to you in the most comfortable and timely manner as possible. In order to achieve this we must require you to be on time for your appointments. If you must cancel an appointment, we ask that you give us 24 hours’ notice whenever possible. Unfortunately, emergencies surgeries do occur which occasionally causes delays or rescheduling in our schedule. We will try to keep you informed if these arise. Patients who are 15 or more minutes we will reserve the right to reschedule. Missed appointments without notification will be charged a \$25 fee which will need to be paid prior to next appointment. If you miss three appointments without notifying us before the appointment time you will be dismissed from the practice. In order to ensure accurate records and true identity of all patients you will need to present your Drivers License or Identification Card, Insurance Card and Social Security Number at the time of your appointment. If you are unable to provide this information your appointment may be cancelled or rescheduled.

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Cancellation/ No Show Policy for Surgery

Due to the large block of time needed for surgery, last minute cancellations can cause problems and added expenses for the office. **If surgery is not cancelled at least 2 days in advance you will be charged a seventy-five dollar (\$75) fee; this is will not be covered by your insurance company.**

I authorize Santaella Surgical Services/ North Star Texas Surgical to examine me and perform those procedures necessary for my surgical care. I understand the office will do their best to notify me prior to performing these tests. I understand that it is my responsibility to notify my provider at every visit if I do not want any tests performed.

I have read this document and understand the policies and my fiscal responsibility.

Patient's Name (Print) _____
Signature: _____ Date: _____

Guarantor's Name (Print) (Minor patients only):

Signature: _____ Date: _____