



Pulmonary and Critical Care Specialists of Dallas

Payment Policy

Thank you for choosing Baylor Scott & White Pulmonary and Critical Care Specialists of Dallas. We are committed to providing you with quality health care. This policy will help answer questions regarding patient and insurance responsibilities for services rendered at our clinics.

1. Insurance: We participate in most insurance plans, including Medicare. If you are not insured by a plan we are contracted with we will not be able to schedule a visit. If you are insured by a plan we are contracted with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company directly with any questions you may have regarding your specific benefits.

2. Co-payments and deductibles: All co-payments and deductibles **must** be paid at the time of service. This arrangement is part of your contract with your insurance company. Please help us in upholding the contractual terms with your insurance provider by paying these fees at time of service. **Note: Appointments may be rescheduled if payment is unable to be made at time of service.**

3. Non-covered services: Please be aware that some – if not all – of the services you receive may be non-covered or not considered reasonable or medically necessary by Medicare or other insurance carriers. You must pay for these services in full at the time of visit or when you receive notification from our billing office.

4. Proof of insurance: All patients are required to provide a copy of a driver's license and current, valid insurance card for proof of coverage. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

5. Claims submission: We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility if your insurance company does not pay your claim. Your insurance benefit is a contract between you and your insurance company.

6. Coverage changes: If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in a timely manner, the balance will automatically be billed to you.

7. Non-payment: If your account is over 90 days past due you will receive a final statement advising that you have 14 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated with our billing staff. Please be aware that if a balance remains unpaid, we will refer your account to a collection agency and you and your immediate family members will be dismissed from this practice. If this is to occur, you will be notified by regular mail or via your My Chart that you have 30 days to find alternative medical care. During that 30-day period, our physicians will only be able to treat you on a cash pay basis.

I have read and understand the payment policy and agree to abide by its terms.

Signature of Patient or Responsible Party

Date

Medical Record Number