

Baylor Scott & White Family Medicine- Las Colinas Office and Payment Policies

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Please review our office and payment policies.

Not showing up for appointments and late cancelations: Please understand that when we schedule your appointment, we are reserving time for your specific needs. When your appointment is made, a room is reserved and your records are prepared. Not showing up to an appointment prevents us from helping other patients in need. For this reason, there is a charge of \$25 for any no-shows. In addition, if you cancel your appointment <4 business hours prior to your appointment time, there is a charge of \$15. Please note that we do not charge you for your first no-show or late cancellation, but all subsequent events will be subject to the appropriate fee. An accumulation of four events will result in dismissal from the practice. Kindly give us >24 hour notice if you will not be able to make your appointment. You may leave a message with our after-hours answering service if needed.

Late arrivals: We know your time is valuable. We do our very best to run on schedule. Patients who arrive more than 10 minutes late will have the option of re-scheduling for the next available appointment with their physician or another provider in the office (which may or may not be the same day).

Insurance: We participate in most insurance plans but we often do not know the specific details of your insurance coverage. Knowing your insurance benefits is your responsibility. If you are not insured by a plan with which we do business or you do not have an up-to-date insurance card, payment in full is expected at each visit. If you have insurance, we provide the service of submitting your claims. Note that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance may need you to supply certain additional information directly to them. If your insurance changes, it is your responsibility to notify us. Please contact your insurance company with any questions about your coverage.

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. Failure on our part to collect co-payments and deductibles is considered fraud. Note that your insurance company may require a second co-pay or an additional charge if multiple problems are addressed during an annual physical exam or at the same time you have a procedure scheduled.

Non-covered services: Note that sometimes all the services you receive may not be covered by your insurance. Common services that are not routinely covered by some insurance companies include services dedicated to mental health, obesity, cosmetic skin procedures and erectile dysfunction. Please contact your insurance company with any questions about your coverage.

Identification and proof of insurance: We must obtain your government issued ID and current proof of insurance (if you have insurance). All patients must complete our patient information forms to consent for treatment and to avoid insurance fraud.

Non-payment: If you have a balance on your account, we will notify you by phone, mail, and/or at your next office visit. Balances are expected to be paid in full unless otherwise discussed with the office manager. The physicians do not discuss payments or balances with their patients as they concentrate their efforts on your health care.

Our practice is committed to providing excellent treatment to our patients. Thank you for understanding our office and payment policies.

I have read and understand the office and payment policies.

Signature of patient or responsible party

Date

