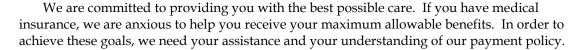
Texas Avenue Medical Clinic Financial Policy



- 1. Payment for services is due at the time services are rendered unless payment arrangements have been approved in advanced by our staff. We accept cash, checks, MasterCard, Visa, America Express, and Discover.
- 2. Keep in mind that your insurance policy is basically a contract between you, your employer, and your insurance company. We are not a party to that contract. As a service to you, we will file your insurance claim if you assign the benefits to Texas Avenue Medical Clinic-in other words; if you agree to have your insurance company pay the doctor directly. If your insurance company does not pay the practice within a reasonable period, we will look to you for payment. If we later receive a check from your insurer, we will refund any overpayment to you.
- 3. We have made prior arrangements with many insurance companies and other health plans to accept an assignment of benefits. We will bill them, and you are required to pay a co-payment at the time of your visit.
- 4. Not all insurance plans cover all services. Any information received from the insurance company prior to your visit is only an explanation of benefits and not a guarantee of payment. In the event your insurance plan determines a service to be "not covered," you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
- 5. We will bill your insurance company for all services provided in the hospital. You are responsible for any balance due.
- 6. In the event your check is returned unpaid, a \$25.00 service fee will be applied to your account.
- 7. All balances exceeding 90 days past due will be sent to our collection agency, unless prior financial arrangements have been made with and approved by the Texas Avenue Medical Clinic billing department.

If you have any questions about the above information or any uncertainty regarding your insurance coverage, PLEASE do not hesitate to ask us. We are here to help you.

I have read and understand Texas Avenue Medical Clinic's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

Signature of patient (or responsible party, if minor)	Date	

Please print the name of the patient