

TEXAS SPORTS MEDICINE AND ORTHOPAEDIC GROUP (T.S.M.O.G.)

UNIVERSITY PARK

FT WORTH

FRISCO

INSURANCE AND OFFICE POLICY

TSMOG believes that in the interest of good healthcare practices, it is best to establish a patient account policy between our patients and ourselves up front in order to avoid any misunderstandings. Our billing representatives will be glad to discuss your account with you at any time. Our primary responsibility is to deliver quality healthcare services. We expect you to show us the same consideration, and to be honest and forthright regarding your financial responsibility. A sincere and responsible patient should not ever have a financial problem with TSMOG.

1. **Payment in Full** – Payment is required at the time of your visit. We accept Cash, Discover, Visa or Master Card. Our office does not accept payment plans.
2. **Insurance Claims** – If our office is contracted with your insurance, we will file a claim to your insurance for the services rendered, however, you will be required to pay any co-pay, co-insurance, and/or deductible as outlined in your policy at the time of service. Our office will verify your insurance benefits prior to your visit with our office. If for any reason your insurance company does not pay, or pay as expected, you will be responsible to pay the remaining balance. When TSMOG files a claim on services performed, the payment is assigned to TSMOG. Please remember that insurance coverage is a contract between the patient and the insurance company.
3. **Surgical Claims** - You will be responsible to pay your deductible and/or co-insurance prior to your surgery on your pre-op visit. You will be held responsible for any services not covered under your insurance policy. When payment has been received from your insurance company, if a balance remains, a statement will be sent to you for payment within 30 days.
4. **Third Party Responsibilities** - WE DO NOT FILE TO THIRD PARTIES OR TO ANY MOTOR VEHICLE INS.
5. **Letter of Protection** - Our office does not accept L.O.P's. You will be responsible for all services rendered and we will supply an itemized statement for you to collect your own reimbursement.
6. **Returned Checks** - A service charge of \$35.00 plus a \$3.50 bank fee will be applied to all returned checks. We require any returned checks and fees to be cleared prior to being seen by any physician at TSMOG. We accept only cash or credit card (Discover, Visa or Master Card).
7. **Prior balances on account** - All balances for services rendered will be collected before each appointment.
8. **Divorced Parents** - It is the policy of this office that the parent accompanying the child to the visit will be held responsible for all charges incurred regardless of the insurance or financial situation. **TEXAS SPORTS MEDICINE & ORTHOPAEDIC GROUP WILL NOT BILL OR DISCUSS TREATMENT WITH THE OTHER PARENT UNLESS AUTHORIZATION IS ON FILE.**

I have read and understand the financial policy for TEXAS SPORTS MEDICINE & ORTHOPAEDIC GROUP

Printed name of the patient: _____

Patient's Signature: _____ Date _____

If patient is a minor, then parent or legal guardian please sign below:

Printed name of parent/legal guardian: _____

Signature of parent/legal guardian: _____