



Dear Patient,

Our office is pleased to have the opportunity to serve you. Our primary mission is to provide you with quality, cost effective, medical care. Together, we (patients and physicians) are trying to adapt to the changing way that healthcare is financed and delivered. The following letter outlines some of the financial and procedural steps required by your insurance or managed care plan.

Payment Guidelines:

- We must collect any co-payments, co-insurance, and /or deductibles at the time of service, unless other arrangements have been made in advance with our office.
- We accept **Cash, Checks, Money Orders, & Credit Cards** (Visa, MasterCard, Discover and American Express).
- The remainder of your bill will be sent to your insurance company for payment to our office.
- If, by mistake, your insurance company remits this payment to you, please send it to us along with all paperwork sent to you. **Please do not send the payment back to the insurance company.**
- Any balance that your insurance company determines to be your financial responsibility will be billed to you. Payment is due in full upon receipt of your first statement.

When to Present Insurance Card?

Please present your insurance card at **EACH VISIT**. Specifically bring to our attention any changes (new card, new group #, etc.) since your last visit. This protects you from paying a bill because we had the wrong insurance information. There is a narrow window (30-45 days) to present an accurate claim to the correct insurance company. Failure to do so could mean the claim may be denied. In addition, if you have a secondary insurance, it will be filed on your behalf as a courtesy. However, if we have not received payment from your secondary insurance in a timely manner, the balance will become your responsibility.

Insurance Company Denies Payment?

Sometimes your insurance company will refuse payment of a claim for some of the following reasons:

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| 1. This is a pre-existing illness or condition that they do not cover. | 4. The insurance was not in effect at the time of service. |
| 2. You have not met your full calendar year deductible. | 5. You have other insurance which must be filed first. |
| 3. The type of medical service required is not covered. | 6. You have exceeded your maximum dollar/visit amount. |
| | 7. You did not have a referral number for your visit/service. |

If your insurance company denies your claim for any of the above reasons or for any other reasons, our office cannot be responsible for this bill. It is your responsibility to pay the denied amounts in full at the time of billing.

We value you as a patient and are eager to serve you! Our first priority is to provide you with the best possible care. If you would like to contact our billing office, you may reach them at 214-276-5605.

Sincerely,

**North Texas Infectious Diseases Consultants
(NTIDC)**

I have read and understand my financial obligations. I understand that this office will file an insurance claim on my behalf. I assign the proceeds of such insurance claim to NTIDC. Both NTIDC and I will receive an Explanation of Benefits (EOB) from my insurance company that will detail all payments, deductions and adjustments per my plan's guidelines. NTIDC may file a claim for services rendered by the physician, facility, and/or infusion center.

I understand that I will be fully responsible for payment in full at the time of billing of any and all medical services denied by my insurance company determined to be my portion of the billed charges. Balances that remain unpaid after 90 days from the date first billed may be referred to an outside collection agency for further collection efforts.

Printed Patient Name

Date of Birth

Patient Signature

Today's Date