

10007 Huebner Rd, Suite 106 | San Antonio, TX 7840 | 210-298-9901 210-298-9909 (fax)

**FINANCIAL POLICY FOR ALAMO FAMILY PRACTICE, PA**

We are committed to providing you the best available medical care. Our personnel will be pleased to discuss our fees and this policy with you at any time. Our professional relationship will be enhanced by your clear understanding of our Financial Policy. Thank you for your review and acceptance of this policy.

* All new patients must fully complete our Patient Information Form before seeing the doctor
* Full payment for our services is due at the time of service, unless other mutually agreed upon arrangements are made with our staff
* INSURANCE:

You are responsible for timely payment of your account. Insurance is a contract between you and your insurance company. We are NOT a party to this contract, nor can we become involved in disputes between you and your insurer regarding deductibles, copayments, covered services, secondary insurance, “usual and customary charges”, etc. Our involvement will be limited to supplying factual information to facilitate claim processing.

1. HMO and PPO copayments will be required to be made at the time of your visit, as well as deductibles, when applicable.
2. Medicare: We are participating Medicare providers, thus we accept assignment on your claims. We are required by Medicare to file your claims for you. Medicare will pay us directly and provide you an EOB (explanation of benefits) detailing allowances, payments or denials.
3. Third Party Insurers: We do not file claims to companies for which we are not providers. We will provide you with the information you need to submit your claim.

I have read and agree to accept the above policy as set forth by Alamo Family Practice, PA.

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SIGNATURE OF RESPONSIBLE PARTY DATE

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PRINT NAME