

# SURGICAL ASSOCIATES OF DALLAS

## Patient Financial Policy

- In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following policy. If you have any questions, please discuss them with the Office Administrator. We are dedicated to providing the best possible care and services to you and regard your complete understanding of financial responsibility to be an essential element of your care and treatment.
- We are participating providers with most insurance plans and will submit claims directly to them for payment. You will need to assign benefits to the doctor, in other words, you agree to have your insurance company pay the doctor directly. Authorized co-payments are collected for each visit.
- If you are not insured or we are not a participating provider of your Health Plan, full payment is due at the time of service. For your convenience, we do accept VISA, MasterCard, American Express and Discover.
- If your insurance company does not pay in a reasonable time, we will then look to you for payment.
- Your insurance policy is a contract between you and your insurance company; our doctor is not involved.
- All health plans are not the same and do not cover the same services. In the event your health plan determines a service is "not covered", you will be responsible for the complete charge. Payment will be due upon receipt of statement from our office for these services.
- For all services provided in the hospital, we will bill your health plan. Any balance due will be your responsibility and due upon receipt of a statement from our office.
- In order to provide the best possible service and availability to our patients, please call as early as you know that you will need to reschedule an appointment with our office.
- Please notify us of any changes in your information, such as; insurance, address, phone numbers and emergency contacts.
- **Financial Disclosure:** Please be advised that certain physician owners of Surgical Associates of Dallas have an indirect ownership interest in the Baylor Jack and Jane Hamilton Heart and Vascular Hospital and The Heart Hospital Baylor Plano. Due to such ownership interest, your treating physician may receive, indirectly, remuneration as a result of procedures performed at the hospital. If you do not wish to be admitted to this hospital, you may choose another hospital at which your physician is credentialed to perform professional medical services and procedures.
- ***I have read and understand the financial policy of the practice and agree to be bound by these terms. I understand and agree such terms may be amended from time to time by the practice.***

\_\_\_\_\_ Patient's Signature \_\_\_\_\_ Date

\_\_\_\_\_ Printed Patient's Name

