



PFC

Financial Policy

Thank you for choosing one of our physicians as your healthcare provider. Our offices are committed to providing the best medical care through communication and understanding. Confirmation and updating of personal address and phone/cell numbers for contact will assure our ability to communicate with you. At any time you have questions or concerns requiring further information, whether it is medical or business, our staff is available to assist you.

The following information outlines our policies regarding the payment of your doctor's bill.

We accept
Cash, Checks, Visa, MasterCard, and Discover Card.

The cost of medical care is determined by the nature and complexity of the illness. There is no "*flat rate*" for examinations and treatment.

Non-Insured Patients will be expected to pay and a *discount* will be available, when full payment is made at the time of service.

Non-Contracted Insurance Patients will be expected to make full payment at the time services are rendered. A complete receipt for payment of services will be provided, which when attached to a properly completed [HCFA-1500 claim form](#) and mailed to your insurance company, will provide for payment, to you the patient, usually within 15 business days

Contracted Insurance Patients at each visit, your current insurance card(s) will require presentation when "*signing in*" at the front desk. The Patient, or (in the case of minors) the accompanying Parent/Guardian, will be responsible for any co-pays, deductibles, or non-covered services at the time of the visit. The contracted allowable fees, of the specific contracted insurance, will be considered when payment is requested. Co-pays will not be billed since this is a requirement on your part by your insurance. If the insurance company is unable to process a claim due to inaccurate or missing information from you, you are responsible for the bill.

As part of our agreement with *contracted insurance companies* claims will be filed by the office for payment. Yearly, federal law

requires that an "Assignment of Benefits" be signed by the patient, authorizing payment by your insurance company to the physician. You will be responsible for any portion of your bill which is denied, applied to deductible, considered a co-payment, a co-insurance portion, or is considered *non-covered* by your insurance plan. Working together we can resolve most insurance issues in a mutually acceptable manner.

A statement of your unpaid balance will be sent to you for full payment within 30 days. To avoid collection procedures your account must be kept current.

While we make every effort to maintain accurate and up-to-date information, provider status may occasionally change. It is important that you confirm your provider's network status with your health plan **PRIOR TO RECEIVING SERVICES.**

Our physicians are contracted with the following insurances:

Aetna PPO
Blue Bell
Blue Choice (BCBS- Provider)
First Care PPO
Galaxy
HealthSmart
Hirshfield Steel
IHP (was Accountable)
Midland Memorial Hospital / BoonChapman
Omni
One Health (Great West)
Texas True Choice
Texas True Choice Chips / Superior
TRS - AETNA
UniCare
United Health Care
USA MCO

Contracted insurances are subject to change without notice.