

Hill Country Maternal Fetal Medicine Financial Policy

We are dedicated to providing the best possible care and service to you during your pregnancy. Please read the financial policy below. For your convenience we accept VISA, MasterCard, Discover, and American Express.

Insurance:

- I understand that my primary insurance company will be billed for me. All co-pays, co-insurance, non-covered items and deductible amounts are due at the time of service. I also understand that if my insurance company denies a charge for any reason, I will be billed and ultimately responsible for that charge.
- If a claim is disputed by the insurance company for any reason, and payment has not been made in a timely manner, I will be responsible for the payment of the charges until the dispute has been resolved and the insurance company makes payment on the charges in question.
- I authorize insurance benefits to be paid directly to the physician and the release of any medical records that may be required by the insurance company in order to pay out those benefits. This assignment of benefits is irrevocable and a photo static copy shall be considered as legal and binding as the original.
- If an outside collection agency is necessary, you will be responsible for your outstanding balance as well as all fees charged by the agency in effort to collect your balance.

Minor Patients:

- Patients under the age of 18 and pregnant are considered responsible for their medical care and financial responsibility.

List the names of people **authorized by you to receive medical information, which also includes financial statements**, for any and all treatments at Hill Country Maternal Fetal Medicine. To revoke this authorization, written notice must be presented to the office.

Name: _____ Phone # _____ Relationship: _____

Name: _____ Phone # _____ Relationship: _____

I have read and understood the financial policy of the practice. In signing this agreement, I agree to the terms outlined above.

Printed Name of the Patient

Signature of Patient

Date