



FINANCIAL POLICIES

Thank you for choosing us as your health care provider. These policies are intended to ensure that everything regarding payment for professional services is clear.

MISSED APPOINTMENTS/LATE CANCELLATIONS:

A \$50 fee will be charged for the following:

Missed or canceled well-appointments, med-checks, or consults without a 24-hour cancellation notice.

A \$25 fee will be charged for the following:

Arriving more than 10 minutes late for an appointment (you may be required to re-schedule).

Same-day appointments canceled less than 2 hours before the appointment time.

Missed or canceled acute and re-check appointments without 24-hour notice of cancellation.

INSURANCE & ID

You are responsible for verifying that our office is contracted or “in-network” for your health insurance plan. A current physical insurance card must be provided before every visit, or you may be responsible for all charges resulting from your appointment at the time of service. Our office also requires a government-issued photo ID to validate your insurance card.

NON-COVERED SERVICES: Some procedures may be ordered by your medical provider to better diagnose or treat your condition and may not be covered in full by your insurance. You are financially responsible for those services that are not covered.

WELL-VISITS: If new issues or symptoms are addressed during a well/preventive visit, they will be documented as an additional office visit and billed to your insurance. You will be responsible for any co-pay, co-insurance, or deductible from this additional charge.

FORMS: Any “to be completed” forms received from patients, insurance companies, or employers, completed outside of an office visit will incur a \$35 fee, due upon receipt of the completed forms.

PRESCRIPTIONS: There will be a \$10 charge for the following:

Re-Prescribing expired Schedule II prescriptions.

Pharmacy change requests for previously submitted prescriptions.

STATEMENTS: We will send a statement to your billing address, notifying you of any balance over \$25. We do not send paper statements for any balances under \$25. All statements will be billed in electronic form via your patient portal.

PAYMENT: Co-payments, co-insurance, deductibles, and self-pay balances are due at the time of service. Payments can be submitted via the patient portal, by phone, mail, or in person. An account paid by check, which is returned by the bank unpaid for any reason, will be charged the maximum allowed by law, and we may seek additional legal remedies under Texas law.

SECONDARY & TERTIARY INSURANCE: If we are not contracted with your secondary/tertiary insurance carrier, we will file your insurance claim once as a courtesy; however, all balances remain your responsibility.

ANCILLARY CHARGES: Our office will bill an extended hours fee of \$30 to your insurance for appointments after 5 p.m. and on Saturdays. We may also bill for after-hour non-emergency calls, prior authorizations, and x-ray duplication. You are responsible for the payment of these charges.

I have read and understand these financial policies*

Patient/Guardian Signature

Date

***all policies still apply even if you do not sign this form**

www.hvdocs.com

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