



North Texas Joint Care, P.A.
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The following policies have been put into effect by our office regarding payment of office visit fees. These policies are designed to reduce expensive paperwork and secretarial services, which may otherwise force us to raise charges to our patients. Your cooperation is appreciated.

1. **OFFICE VISITS** – Payment is expected at the time services are rendered. We will help you by filing your insurance for the covered portion. The deductibles and non-covered portions are due at the time of service. For your convenience, we prefer cash, or check, however, we accept Visa and MasterCard. If you are more than **30 minutes** late, we may need to reschedule your appointment.
2. **ROUTINE VISITS** – Most insurance plans cover 80-100% of your visits. Some insurance policies have deductibles and/or copayments; some do not. If your insurance does not pay its portion within sixty days, you will be called upon to assist in the collection/payment process. Regrettably, it is possible that an appointment may be delayed or rescheduled when accounts are significantly behind. Forms and correspondence completion are payable in advance (see fee schedule); medical records copies are completed and billed by a subcontractor (usually a free service for one Provider to another).
3. **MEDICAL INSURANCE** – Medical insurance plans vary widely in their coverage of services. Your contract is an agreement between you and the insurance company. This contract does not obligate the doctor to charge a specific fee or to accept reimbursement from your insurance company as payment in full, unless the contracted amount is paid on time. You will remain responsible for the uncovered balance. Complaints or inquiries about insurance coverage should be directed to your insurance agent, the Texas Department of Insurance, and to the United States Dept. of Labor for ERISA/Employer Sponsored plans; the staff at Medicare can be reached about those inquiries or complaints. Our business manager is available to consult in drafting such complaint correspondence(s), as we have mutual interests at stake.
4. **PREAUTHORIZATION OF BENEFITS** – In some instances, pre-authorization of benefits is required from your insurance carrier. This is true of several major rheumatology procedures such as injections, aspirations, etc. We may file a pre-authorization to make sure your insurance will pay for a prescribed procedure; currently, we need a separate “commitment to pay” certification also. Emergency procedures need no pre-authorization. If you decide to forego the pre-authorization, then you are totally responsible to pay personally at the point of service. Pre-authorizations are limited to the dates approved. Beyond that point, prices may increase or insurance benefits may change or expire.
5. **INSURANCE CHECKS** – Should your insurance company send your reimbursement check to us, we will make every effort to submit the payment back to you, and to refund overpayments promptly to the appropriate party.
6. **NO-SHOW POLICY** – We require **one full business day** notice to reschedule or cancel an appointment (for example, call Friday morning regarding the following Monday). You may leave a voice message recording at any hour. We attempt to confirm your appointment twenty-four hours in advance by phone, but cannot always do so. Our no-show policy fee for a **broken appointment is \$50.00** for less than 1 (one) business day of notice. We do understand that things beyond your control can occur. If this is the case, please call. We understand your time is valuable and make every effort to see you at your scheduled time. **Initial:** _____
7. **COLLECTIONS** – All charges are payable within sixty days. Unpaid accounts force us to raise our fees, and to terminate service for the respective patient. Because of this, we are committed to pursue any unpaid account balances. Unpaid accounts will be referred to a professional collection agency or pursued in the courts; NSF checks must be refunded to us immediately. If you have a financial problem, special arrangements can be made if notification is given to our office at the earliest possible moment.
8. **RETURNED CHECK POLICY** - Fee of \$25.00 plus amount of check due immediately; Payment in cash, money order or cashier’s check.
9. **FEE FOR SERVICE** – Payment is required at the time services are rendered. For your convenience, we prefer cash, or check; however, we accept Visa and MasterCard. Regrettably and unfortunately we must pass on the cost of excessive re-billing/data analysis for unpaid visits, services and material that is re-billed 3 or more times or unpaid for 120 days: CPT code #99080, institutional charge \$250.00, patient charge \$50.00 (both subject to change) **Initial:** _____
10. **MEDICAL RECORDS** - All medical records are copied weekly, by a subcontracted records copying company, and require a signed records release form. Please note that it may take 10-15 business days for the records to reach their destination.

We appreciate your cooperation,
 NORTH TEXAS JOINT CARE, P.A.

REVISED: December 7, 2005

Patient Signature: _____ ; Date: _____
 (Insured () / Guardian () / Authorized Representative () : Check One)