

Bridlewood Family Healthcare

Financial Policy

At Bridlewood Family Healthcare, we help you to coordinate your medical expenses by filing to most major insurance plans. We are unable to quote specific coverage. All coverage is specific to the plan you selected through your employer or broker. To fully understand your individual insurance policy, it is your responsibility to contact your insurance to discuss your benefits. To assist you with understanding your financial responsibility with us, please see below:

****Attention: Please initial each box below. ****

You are required to provide a copy of all insurance plans that you currently have and a photo ID.

If a copay is required for your policy, it is due at the time services are rendered.

If your insurance should change, it is your responsibility to provide updated information for your account.

We utilize CPL for our lab services. According to your insurance plan, you may receive a bill from the lab based on the benefits that you selected. You must contact your insurance company/lab company to discuss your bill.

Services and procedures are coded and billed based on what the provider has determined medically necessary. Your individual insurance plan will process your claims based on the benefits that you have selected.

We may order diagnostic services such as xrays, scans, and mri's to assist with your medical care. It is your responsibility to know your policy coverage for those services.

For cash pay patients, or if your deductible has not been met, the entire amount is due when services are rendered unless an agreement has been pre-approved.

Failure to provide all insurance coverage information is considered to be fraudulent and may result in services not being rendered or dismissal from the practice.

Policy/Claim Information:

1. Your insurance is a contract between you and your employer/insurance company.
2. It is possible that your insurance may not cover all the services that are rendered. It is your responsibility to know your policy limitations.
3. All coding will be done based on the services rendered and by the national coding guidelines. Codes will not be modified to fit a certain category of benefits.
4. In the event that you have a balance after your insurance has paid, it is your responsibility to make arrangements to pay the balance due. We do follow general collections guidelines.

PLEASE READ THE ABOVE CAREFULLY BEFORE SIGNING. By signing below, I acknowledge that I have read, understand, and accept the policy.

Print Name: _____ Date of Birth: _____

Signature: _____ Date: _____



Brian D. Glaser, DO / Michele Hampton, P.A.-C / Julie A. Brinzo, FNP-C
3400 Long Prairie Road, Ste. 200 Flower Mound, TX 75022
(972) 899-6300 / (972) 899-6020 fax

Financial Policy/Payment Plan 2014

High Deductible Plans: If you have a high deductible plan you will be held responsible for paying at least \$100 per visit. We will not take payment for your Annual Well Visit.

Large Balance: If your balance exceeds \$100, you must pay at least ½ of your balance before you can be seen for any additional appointments. Additionally, you will need to set up a payment plan with our office regarding the remaining balance.

Payment Plans: If you have a payment plan you will be responsible for contacting the office with any changes. If your card is declined at any time there will be an additional \$25 fee.

Other: If your insurance does not pay for any reason, you will be responsible for the entire balance. If you do not pay on a balance after 90 days you will be subject to dismissal from our practice.

Patient Name: _____

Patient Signature: _____

Date: _____