

Hill Country Medical Associates

Financial Policy

Thank you for choosing Hill Country Medical Associates (HCMA) as your health care provider. We are committed to providing excellent healthcare to our patients. As part of the professional relationship between yourself and HCMA, we are providing this information to assist you in understanding our financial policy.

At your first visit, you will be asked to sign a statement indicating you have received this policy.

It is important to begin by emphasizing that in becoming a patient, a relationship is being established between you and the medical providers of HCMA. If you have medical insurance, that relationship is between you and your insurance company (and possibly your employer). As such, it is your responsibility to know and understand the coverage provided by your insurance company. **Ultimately, you are financially responsible for services rendered by our providers.**

Here are a few things you need to know so we can assist you in meeting your financial obligation to HCMA.

- We need your most current insurance information available at the time of your visit. Failure to provide this information in a timely manner may result in claims being denied by your insurance company. Please bring a copy of your current insurance card or proof of coverage to each visit.
- Before you receive services, you must verify that we are participating providers with your insurance plan. If we are not participating providers and you still wish to be seen, payment is due in full at the time of service. We will provide you with a detailed invoice for you to file with your insurance company for reimbursement.
- We may accept assignment of insurance after verification of your coverage. Please be aware that some or perhaps all of the services rendered may not be covered in full by your insurance company. A list of insurance plans which HCMA accepts assignment from can be found on the bulletin board in our waiting rooms.
- We charge what is usual and customary for this area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.
- If your insurance plan includes a copay, we are *required* to collect it at the time of service. Please be prepared to pay at the conclusion of your visit. A \$10.00 service charge may be added to your balance to cover the cost of sending a bill for your copay.
- Coinsurance and/or deductibles are due at the time of service. We will estimate the amount owed based on information from your insurance company. If additional amounts are owed after the insurance company has paid the claim, you will be responsible for the difference, regardless of our initial estimate.

- **It is your responsibility to provide us with your most current billing information.**
 - ❖ We understand that when you change your address or phone number(s), you may not remember to notify your physician's office. That being said, it is important that we have the correct information available, to include your mailing address and all available phone numbers.
 - ❖ You will be asked to verify this information each time you make an appointment and each time you are seen in the office.
- If you have an account balance, we will send a statement to the most recent billing address you have provided to us. If you have questions regarding your balance or dispute its validity, please contact our billing staff as soon as possible after receipt of the initial statement. You can contact them by calling (830) 625-0305 and selecting Option 3.
- **Payment in full is due upon receipt of your statement.** Balances not paid in full within 30 days of *statement issue date* will be deemed past due. Past due accounts will be subject to a \$10.00 rebilling fee.
- **Past due accounts may be referred to an independent collection agency for further collection activity.**
- If you are unable to pay your balance in full, you must contact our billing staff, either by phone or in person, to discuss a payment schedule. Once payment arrangements have been made, it is your responsibility to fulfill that agreement. Failure to follow the payment schedule may result in your account being referred to an independent collection agency and/or termination of the patient care relationship.
- A \$25.00 fee will be added to the original balance for checks returned by your financial institution.
- A \$25.00 "No Show" fee *may* be levied for continued failure to cancel or reschedule an appointment at least 24 hours prior to your appointment time.
- HCMA has an on-call physician available after hours to address your urgent medical concerns. A \$15.00 fee may be assessed for after-hours care requiring diagnosis and treatment of your medical condition.
- **Patients with overdue accounts, who have not previously made payment arrangements, will be required to meet in person with a member of the billing staff prior to making any routine or preventive care appointments.**

The providers at HCMA make decisions regarding your health care based on their best medical judgment. This may mean that they recommend laboratory tests, x-rays, or procedures that may not be covered by your health plan (if you have one). You need to be familiar with your health insurance benefits. The time to address your coverage/cost concerns is before the procedure(s) are done.

We understand that the "financial" side of healthcare can be confusing and we want to begin our relationship by making our financial policy known. We at HCMA look forward to meeting your current and future health care needs. If you have any billing questions, you can reach our billing staff by calling (830) 625-0305 and selecting Option 3.