

SOUTH ALAMO MEDICAL GROUP PATIENT FINANCIAL POLICY

Thank you for choosing South Alamo Medical Group (SAMG) as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. **It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, phone contact and email etc).**

Co-pays

The patient is expected to present an insurance card at each visit. All co-payments and past due balances are due at time of check-in unless previous arrangements have been made with a billing coordinator. We accept cash, check or credit cards. Absolutely no post-dated checks will be accepted.

Insurance Claims

Insurance is a contract between you and your insurance company. In most cases, we are NOT a party of this contract. We will bill your primary insurance company as a courtesy to you. In order to properly bill your insurance company we require that you disclose all insurance information including primary and secondary insurance, as well as, any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately. **If your insurance plan is one with which we are not a participating provider, you will be responsible for payment in full. Including but not limited to those charges above the usual and customary allowance. However, as a courtesy, we will file your initial insurance claim and if not paid within 30 days you will be responsible.**

Self-pay Accounts

Self-pay accounts are patients without insurance coverage, patients covered by insurance plans in which the office does not participate, or patients without an insurance card on file with us. It is always the patient's responsibility to know if our office is participating with their plan. If there is a discrepancy with your information, the patient will be considered self-pay unless otherwise proven. Self-pay patients will be required to bring the cost of the office visit at the initial appointment and will be asked to make payment arrangements for the balance. Please ask to speak with a billing coordinator to discuss a mutually agreeable payment plan. It is never our intention to cause hardship to our patients, only to provide them with the best care possible and the least amount of stress.

This financial policy helps the office provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please feel free to contact us.

Revised: 3/1/2016

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Financial Assistance Program

South Alamo Medical Group will offer a Sliding Fee Discount Program to all who are unable to pay for their services and receive care at the following locations 7355 Barlite Suite's 301, 201 and 4203 E. Southcross Blvd. SAMG will base program eligibility on a person's ability to pay and will not discriminate on the basis of age, gender, race, creed, disability or national origin. The Federal Poverty Guidelines, <https://aspe.hhs.gov/poverty-guidelines> are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility. Please ask our admitting staff to see if you qualify for this program.

We do not do any Motor Vehicle Accident (MVA) and Third Party Billing and/or Workers' Compensation. SAMG will refer you to medical providers that will provide you this type of care.

Claims Department Contact information:

If you need assistance or have questions, please contact the Billing Department between 8:00 a.m. and 4:30 p.m., Monday through Friday at 210-242-2000

MEDICARE:

We accept assignment on Medicare claims. Medicare patients will be expected to pay their yearly deductible (if not met) and 20% co-payment. If at the time of service you provide Medicare card and have an HMO replacement with other Primary care provider, you will be fully responsible for the services provided to you.

****Medicare Yearly Deductible of \$166.00 for 2016****

MEDICAID:

If your coverage is active, we will file your claim. Please bring proof of coverage to each visit. If at the time of service you provide Medicaid card and have an HMO replacement with other Primary care provider, you will be fully responsible for the services provided to you.

LABORATORY TESTING:

As a courtesy to our patients, lab drawing will be provided by a laboratory company (**not associated with our group SAMG**) participating with your insurance carrier, they will bill you. If you have any laboratory billing questions, please contact them directly.

MISSED APPOINTMENTS/LATE CANCELLATIONS:

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. **We reserve the right to charge \$15.00 for missed or late canceled appointments.** Excessive abuse of scheduled appointments may result in **discharge from the practice.**

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Returned Checks

The charge for a returned check is \$35 payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a cash only basis following any returned check.

Medical Record Copies

Patients, Attorneys and Insurance companies requesting copies of medical records will be charged:

\$25 – 1 to 20 pages

\$0.50 each additional page

A special handling fee of \$10 will be charged if records must be delivered within 48 hours of the request.

Minors

The parent(s) or guardian(s) is responsible for full payment at the time of service. A signed release to treat is required for unaccompanied minors.

Outstanding Balance Policy

It is our office policy that all past due accounts be sent two statements. If payment is not made on the account, a single phone call will be made to try to make payment arrangements. If no resolution can be made, the account will be sent to the collection agency, or attorney, and possible discharge from the practice.

In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collections costs including attorney fees and court costs.

Regardless of any personal arrangements that a patient might have outside of our office, if you are over 18 years of age and receiving treatment, you are ultimately responsible for payment of the service. Our office will not bill any other personal party.

I have read and understand the South Alamo Medical Group Patient Financial Policy. I agree to assign insurance benefits to the South Alamo Medical Group whenever necessary. I also agree not to approach the doctor with any money matters; I'm to discuss any such issues with the Claims Department Coordinator.

Signature of insured or authorized representative Date

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