

# PATIENT FINANCIAL AGREEMENT

From the Office of:  
Jatin Patel  
Alamo Childrens Heart Center

Copayments for medical services are due at the time services are rendered. Payment may be made by paying in cash, check, or credit card (we accept MasterCard, Visa, and Discover). We file insurance claims only for plans with which Alamo Childrens Heart Center has a signed contract agreement.

As a courtesy to you, we make every effort to verify your insurance benefits prior to your visit. Although your insurance company gives us your benefits, they always make a **DISCLAIMER** stating, "verification of benefits is **NOT** a guarantee of payment." We want to stress that our call to them does not relieve you of your responsibility for payment if a balance is owed. We also **RECOMMEND** that you call them to confirm your coverage. If for any reason there is a discrepancy regarding reimbursement, please keep in mind that the contract you have is between **YOU** and **YOUR** insurance company. In cases of divorced parents, the parent bringing the child to the appointment will be responsible for payment. If at any time you have a question regarding your account, please contact our front office, and we will be happy to assist you.

**MEDICARE / MEDICAID:** Assignment is accepted for Medicare and Medicaid. This means that we will file your claim for services and Medicare and Medicaid will pay directly to our office. We accept the amount Medicare approves, and will bill you for your portion of the charges. Every Medicare patient has a calendar year deductible and is billed for 20% of the allowable charges after the deductible has been met.

**PRIVATE INSURANCE PATIENTS:** You will be expected to pay in full at the time of service unless previous payment arrangements have been made. We will provide you with a receipt for filing purposes. Please inform us if you do not have insurance and will be paying out of pocket.

For all insurance filed by this office, assignment will be made payable to Alamo Childrens Heart center. This assignment will remain in effect until revoked by you in writing. A photocopy of this assignment is considered as valid as an original. It is understood that you are financially responsible for all charges whether or not paid by insurance. Authorization is also given to Alamo Childrens Heart center to release all information necessary to secure payment.

Should this account become delinquent, you will be responsible for any and all legal fees, court costs, and collection charges.

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I have read and understand the above policies.

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Signature of Responsible Party

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Date