



Northeast Tarrant Internal Medicine Associates
469 Westpark Way
Euless, Texas 76040-3957
(817) 283-2888

Payment Policy

Patient Name: _____ Date of Birth: _____

It is the policy of this office for patients to pay for services at the time they are rendered.

We accept Visa, Mastercard, personal checks and cash payments. There is a \$25 fee on all returned checks.

For those patients with Medicare, we will accept assignment on all claims. We will file all Medicare as well as secondary insurance claims; therefore, it is very important that we obtain all your insurance information. If you do not have secondary coverage, you will be expected to pay 20% of the allowed charges at the time of check-out as well as any deductible.

HMO, PPO, POS and EPO patients will be expected to pay their co-payments for each visit or charges according to their individual plans.

We also appreciate notification of any changes in your insurance coverage, name, address, and/or telephone number.

We ask that in the event you are unable to keep your scheduled appointment, you please give us at least 24 hours notice. "No shows" (appointments that are not kept or adequate notice is not given) are not only inconsiderate to our physicians and our staff, they are also an unnecessary expense, in that this time could have been given to another patient. We realize there are instances when emergencies come up; however, if you have "no shows" you will be charged a fee and/or possible termination of the physician/patient relationship.

Due to increasing healthcare costs, we reserve the right to charge a fee per document request. These documents include, but are not limited to, letters written by our office, forms filled out by our physicians/staff, and/or copies of medical records, etc. This could also include any **non-emergent** phone calls made to the office after regular business hours.

These policies help our office to keep charges and expenses as low as possible. Your signature is requested below to verify acknowledgement of this policy.

Signature

Date