

PASTEUR MEDICAL ASSOCIATES, P.A.

INTERNAL MEDICINE

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PMA FINANCIAL POLICY STATEMENT

Recent changes in healthcare have made it necessary for Pasteur Medical Associates (PMA) to implement changes in our Financial Policies. Our main goal is to provide quality medical care in the most cost-effective manner possible to our patients.

- 1) Payment will be expected at time of service, for all deductibles, co-insurances and co-pays. These fees are only an estimate determined by the information provided to us by your insurance company and not a guarantee of payment. If your insurance does not cover all of the services provided; you will be responsible for any balance due.
- 2) All current insurance information must be presented prior to services so that benefits can be verified and to facilitate the filing of your claim. We will also ask you to present a photo ID, this is required under Federal Law, to prevent fraud.
- 3) Insurance benefits and coverage is a contract between you and your insurance company. Thus, it is ultimately your responsibility to know what your benefits are. It is also patient responsibility to notify the physician at time of service that you will be utilizing your preventive care benefits. Once a claim has been filed to the insurance no changes will be made.
- 4) Patients will assume responsibility for all claims not paid by insurance within 90 days. As such, it is important that you respond prompt to any inquiries from your insurance or PMA.
- 5) Please notify the office of appointment cancellations 24 hours in advance. Otherwise a **No Show Fee** will be charged. Any questions please ask Office Staff.
- 6) There is a \$35 service charge for any check returned as insufficient funds.
- 7) There will be a fee for any forms filled out/signed by the physician. Payment for forms Filled out/signed is due at the time you retrieve the completed forms.

- 8) Please be advised if your insurance requires that you use a specific lab outside of ours. It is the patient's responsibility to notify the Medical Assistant PRIOR to blood being drawn. The medical assistant will gladly issue you a written request for labs to be drawn elsewhere. If you do NOT notify the assistant prior to blood being drawn all lab charges will be patient responsibility.
- 9) PMA will make every effort to acquire accurate insurance verification from your insurance. As a service to you we will file your claims to the insurance information you provide. Should the information provided be invalid or expired, you will be responsible for payment.
- 10) Should any overpayment occur PMA will directly issue a refund.
- 11) PMA will file claims to no more than 2 insurance companies. Any additional insurance filings will be patient responsibility.
- 12) PMA will file your claim at least twice. If we have not heard from your insurance company within 90 days we will send the bill to you and it will be your responsibility to contact your insurance and assume payment. State Law requires insurance companies to pay most claims within 30-45 days of being submitted.
- 13) Our goal is to assist you in receiving the coverage to which you are entitled. To that end PMA take's great care in filing claims promptly (usually within 48 hours) and accurately, with the necessary codes for services rendered.

14) **Addendum Effective: March 1st, 2011**
Regarding: Treatment Over the Phone, Phone Calls and After Hours
Prescription Refill Charges.

This notice serves as an acknowledgement that our office has a new policy regarding Physician phone calls, treatment (s) over the phone and Prescription refills after hours. These policies are intended to help our office run efficiently while maintaining a high level of quality care to our valued patients.

- **Prescription Refills After Hours:** We have issued a policy to all patients reviewing our refill process. If you have not received a copy please ask the front office staff for a copy. We ask that you allow 48 hours for a refill during regular weekday hours. After hours requests and written prescriptions take a longer time frame. Routine prescriptions should be refilled by your personal physician. Continued.....

Prescriptions written by other physicians/ or specialist should be refilled by that original physician unless expressly allowed by your physician at PMA. If you call and request a refill after our office has closed and on weekends a charge of \$30.00 dollars will be incurred for this service. This will not be billed to any third party and will be the patient's sole responsibility.

- **Treatment Over the Phone:** We strongly encourage you to be seen and not treated over the phone. In the event that extenuating circumstances prevents you from being evaluated and we can safely treat you over the phone, a charge will be billed for this service. The charge will range from \$30.00 to \$80.00 dollars depending on the length of time spent on the phone and the complexity of the issue discussed. This charge will not be billed to any third party, and will be the patient's sole responsibility. The physician on call after office hours and on weekends will determine if it is safe to treat over the phone or if you need to go to the ER or if you can wait to be seen by your physician or associate during regular office hours. Treatment may or may not require a prescription called into the pharmacy.
- **Phone Call:** Often physicians receive calls after hours and weekends from patients to consult with them on medical issues. You may be charged \$30.00 to \$80.00 for this phone consultation depending on the length of time spent on the phone and the complexity of the issues discussed. This will not be billed to any third party and will be the patient's sole responsibility.

16) Addendum Effective: January 01, 2012

- **Medical Record Release and Billing History Fee's,**

Medical Record Release Fee will be \$25.00 for the first 20 pages and \$.50 per copy page thereafter. Records will be released within 15 days of written request as long as Record Release Fee has been paid. Non-payment of Fee may result in Medical Records being retained for payment.

Billing History fee is \$15.00.

(Reference: Texas Medical Board Rules; Administrative Code, Title 22, Part 9, Chapter 165)

I have read, understand and agree to accept the office Financial Policies described above as set forth by PMA. I also understand and agree that these policies may be amended by the practice at any time. The practice will make every effort to notify patients of any changes.

We appreciate your loyalty to our practice, and please know that we strive to offer the highest of quality care to our patients.

Thank You,

Signature

Please Print Name

Date

Policies effective 9/1/2010
Amended effective 12/30/10
Updated fee's 01/01/2012