

As a courtesy, Texas Breast Specialists verifies your benefits with your insurance company. A quote of benefits is not a guarantee of benefits or payment. Your claim will process according to your plan, if your claim processes differently from the benefits we were quoted, the insurance company will side with the plan and will not honor the benefit quote we received.

It is the policy of Texas Breast Specialists that payment is due at the time of service unless other financial arrangements are made in advance. We require all patients pay their deductible, copay and/or coinsurance payment at the end of each visit. The office manager at this location will be happy to explain this information with you prior to your visit. After your insurance has paid you will be billed for any outstanding balance. If there is a credit, you will be provided a refund promptly.

If you are covered by health insurance with specialist/surgery benefits, we will be happy to bill your insurance. Please provide your insurance information, along with a copy of your insurance card, to the front office staff. Accepting your insurance does not place all the financial responsibilities onto this practice, and you will be held accountable for any unpaid balances by your plan.

Although we are contracted with most insurance carriers, All services may not be covered by your particular plan. Being referred to our office by another physician does not guarantee that your insurance will cover our services. Please remember that you are 100% responsible for all charges incurred: your physician's referral and our verification of your benefits are **NOT** a guarantee of payment.

We highly recommend you also contact you insurance carrier and check into your coverage for specialist/surgery. Do not assume that you will not owe anything if you have more than one insurance policy.

**\*\*HMO PLANS-** It is solely the patients responsibility to make sure a insurance referral is obtained by your PCP and is on file with our office

**\*\* SELF PAY** –The amount that you are charged in our office at the time service s an estimate and once the doctor has charged for your visit you may still receive a bill If there is any remaining charges owed.

Signature \_\_\_\_\_

Date \_\_\_\_\_