

SAI MEDICAL CARE

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saimedicalcare.com



Financial Policy

Thank you for choosing us as your primary healthcare provider. We are committed to providing you with quality and affordable health care and need your assistance and understanding of our payment policy. We ask you to review and sign this policy, asking questions as necessary.

Insurance: We accept and participate in most insurance plans. If your insurance is not a plan we participate in, payment in full is expected at each visit. Knowing your insurance benefits is your responsibility. Our office will file an insurance claim for you for services rendered and assist you in any way we reasonably can to help get your claims paid. Your insurance company may not accept information from our office and may need information from you. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether your insurance company pays or not. Your insurance benefit is a contract between you and the insurance company; we are not party to that contract. Please contact your insurer with any questions you may have regarding your coverage to receive the maximum benefit.

Patient payment: Copayments and deductibles are due at the time of service. This arrangement is part of your contract with your insurance company.

Insurance Coverage Changes: If you fail to provide us with the correct insurance information, or your insurance changes and you fail to notify us in a timely manner, you may be responsible for the balance of a claim. Most insurance companies have time filing restrictions; if a claim is not received within 30 days of the date of service, it can be rendered ineligible for payment and you will be responsible for the balance that remains.

Forms: There is a \$25 fee for completing forms (including FMLA, sick leave, AFLAC, disability insurance forms, etc.) and a \$5 fee for picking up controlled substance prescriptions. These form fees must be paid when forms are submitted to our office for completion, prescription fee is due upon pick up.

Returned Checks: Returned checks are subject to a \$25.00 charge.

Medical Records Request: There will be a charge of \$25.00 or more (depending on # of pages requested) for every medical records request.

Credit and collection: If your account is more than 90 days past due, you will receive a letter stating that you have an outstanding balance and must make payment at that time. Partial payments (i.e. payment plans) will not be accepted unless otherwise negotiated. Please be aware that if a balance has remained unpaid, it may be sent to a collection agency. If an account is sent to collection, our office reserves the right to discharge the patient from the practice. In this event, the patient will be notified that you will need to find alternative medical care.

By signing below, I acknowledge that I am aware of the confidential and/or privileged nature of the information being disclosed and understand the benefits and/or disadvantages of disclosing such information. I hereby release above Facility, its affiliates and its agent and representatives, (including collection agencies) from all legal liabilities that may result from the release of this information according to this request. I also expressly consent and authorize to be contacted by the phone number provided (cellular or residential) by any type of voice method and by auto-dialer technology for any permissible purpose.

Please let us know if you have any questions or concerns. I have read, understand and agree to abide by the financial policy set forth.

Signature of Patient/Responsible Party

Date