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Allergy and Clinical Immunology
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Financial Policy
and
Office Procedures

Since many different methods of healthcare financing are used now, we have found it helpful to have a written financial policy. If you have financial problems and need to work out a payment schedule, please communicate this to the staff so we may work with you.

1. Payment is due at the time services are rendered. We accept cash, personal checks, VISA, MASTERCARD, DISCOVER, and AMERICAN EXPRESS credit cards and debit cards. The charge for returned checks is \$25.00.
2. If you give us a copy of your current insurance card, we will file for payment from your company. We are contractually obligated to collect *co-pays, co-insurance, deductibles* and payment for *excluded services*. The four types of exclusions above may all apply to different services you may receive in our office, therefore, it is important that you study your benefits and understand them before accepting services. We will make every effort to collect on your behalf from the insurance company, but occasionally we may need to contact you at home/office to ask for your help in making sure your claim is paid within guidelines. If your insurance coverage changes, and you fail to notify us, you may be held responsible for charges incurred, so please notify us immediately of new insurance, and please examine your statements to be sure insurance is being filed correctly. We count on you to let us know when you find an error.
3. HMO patients: You cannot be seen by a specialist without a signed referral from your primary care physician. This referral must be obtained by YOU prior to being treated by Dr. Baxter. If you fail to bring this referral or have the doctor fax it to us, all services rendered to you by Dr. Baxter's office will be your responsibility. Also, it is your responsibility to renew any referrals that have expired unless you are covered under North Texas Healthcare or Cigna Healthcare.
4. Medicare patients: Dr. Baxter is a Medicare provider but does not accept assignment from Medicare. Your Medicare benefits will be assigned to you after you pay the fees incurred for services rendered to you by Dr. Baxter at the time of service. Medicare allowable charges are set by the Federal Government, and are significantly discounted from regular fees. Our staff will file your claim for you electronically, usually within 1-2 days of the date of service. Medicare is then supposed to reimburse you promptly. In plain English, what this means is that Medicare will probably send you a check for approximately 70% of what you pay Dr. Baxter, and if you have secondary coverage, you will receive another check for 20% of the cost, meaning your share of the cost is roughly 10%. Dr. Baxter is out-of-network for all Medicare Advantage Plans. If you have selected one of these plans, and choose to use Dr. Baxter, your charges will be the same as if you had regular Medicare coverage. Your plan may choose to reimburse Dr. Baxter for part of the cost of services; if this happens after you have already paid, the check will be endorsed to you immediately and mailed to you. We will also endorse any checks sent to us by mistake by Medicare, as sometimes happens.

I have read and understand this financial policy and a copy of this authorization shall be deemed as effective as the original.

(Signature of Patient)

(Date)

(Witness)

(Date)