



The Vein Center

Financial Policy and Patient Agreement

Effective 07/14/2008

Here at **The Vein Center at Woodlands North Houston Heart Center**, we pride ourselves on the comprehensive, specialized care we give to each patient. Our caring staff will make you feel at ease and will gladly assist you with any questions or concerns. It is our goal to provide you with the most current and effective procedures to restore, your health, your beauty and your confidence!

APPOINTMENT REMINDERS

As a courtesy to our patients, we will call to remind you in advance of your upcoming appointment. Our staff will contact you at the telephone numbers you have provided 24-48 hours prior to your scheduled appointment.

CANCELLATION POLICY

In today's hectic world unplanned issues come up for all of us. We recognize this fact, but we respectfully request that you cancel your scheduled appointment by phone a minimum of 24 hours in advance. That way the open slot can be filled with someone needing an appointment.

For **MEDICAL APPOINTMENTS** if you do not cancel prior to the 24 hour notice, you will be assessed a **\$50.00** missed appointment fee.

For **VEIN PROCEDURES** such as Endovenous Laser Ablation, Sclerotherapy or Cutera, failure to provide such notice will result in a charge of **\$150.00**. Should you fail to notify our office of your cancellation or no-show for a scheduled procedure more than once, you will be required to pay a **\$150 non-refundable deposit** prior to scheduling your next procedure.

These fees are not covered by insurance carriers or Medicare and will be your responsibility to pay at the time of your next visit. Our aim here is to open otherwise unused appointments for our patients, not to collect missed appointment fees. Your cooperation and consideration are appreciated as we institute this policy.

INSURANCE

Your time is important to you and to us. One of our objectives at The Vein Center is to get you in, taken care of and on your way as quickly as possible. Getting your insurance information into us prior to your visit will avoid delays associated with insurance verification or precertification.

Should you have a change in insurance after starting vein treatment, please notify our staff immediately. This will allow our staff to obtain the necessary information and prior authorizations, to avoid an interruption in your treatment plan.

CHARGES

We charge separately for your office visit and any procedure or surgery performed in our office. The office visit covers the evaluation and management or diagnosis of your particular condition. If a procedure or surgery is needed to remedy the condition, you will be informed of your treatment options and their costs so you may make an informed decision about whether or not you wish to have the procedure performed.

YOUR RESPONSIBILITY

You are financially responsible for the services we provide to you. We understand that many patients arrange for insurance companies to pay for a large portion of medical claims. However, the patient (or legal guardian) is ultimately responsible for the bill if the insurance company does not pay. Please remember that any balance remaining after insurance has paid their part of the covered portion will be due upon receipt of a statement.

As a courtesy to you, we will file a claim to your primary and secondary insurance plans. However, we do expect payment of co-payments (e.g. Coinsurance, Deductible, non-covered services, etc.) at the time services are rendered.

These payments will be collected at the time you check-in.

PATIENTS WITHOUT INSURANCE

The Vein Center is pleased to be able to provide services to patients that do not have insurance. However, if you do not have insurance you will be expected to pay the balance in full the day services are rendered. If you are unable to pay the full balance due, please see a financial counselor to discuss payment arrangements.

FINANCIAL COUNSELING/ PAYMENT PLANS

Should you need to speak with a financial counselor to make payment arrangement prior to your scheduled appointment or procedure please call (832) 249-3780 or (832) 249-3705. Our counselors will provide to you the payments options that are available.

PRIOR BALANCES

Patients with a prior balance will be asked to pay the prior balance in full before being seen. If the balance cannot be paid in full, then you must speak with a financial counselor to make payment arrangements prior to your appointment.

COLLECTION PROCEDURES

Members of our billing department are always available to help you with questions and or payment arrangements. Once made in writing, agreements are binding. We consider payment by the patient for services rendered to be an important part of the patient's role in the patient/physician relationship. Prompt payment for services rendered is expected and failure to comply or respond to repeated communications from our office may result in involvement of an outside collection agency and/or dismissal from the practice. Once an account has been referred to an outside agency, prior balances must be resolved before being seen by a physician.

ACKNOWLEDGEMENT

I have read and understand the information I have been provided by The Vein Center at Woodlands-North Houston Heart Center and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

I hereby voluntarily consent to healthcare encompassing diagnostic procedures and treatment by my physician, his/her associates, assistants or other healthcare providers, as may be necessary in my physician's judgment. I have relied on my physician for information in this regard and acknowledge that no warranty or guarantee has been made as to result or care. This form has been fully explained to me, and I certify that I understand its contents.

Signature of Patient or Legal Guardian

Date

Please print patient name