



# TEXAS PHYSICIANS GROUP

## Primary Care and Specialty Clinics

### Affiliate of Lubbock Heart & Surgical Hospital

#### Financial Policy

Chart # \_\_\_\_\_

We want to thank you for choosing Texas Physicians Group for your medical care. We have developed this financial policy to clarify our billing practices and to avoid any confusion in the future.

For your convenience, we accept payment by cash, check, VISA, MasterCard, Discover, or debit card.

We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit.

**All copayments and deductibles must be paid at the time of service.** This arrangement is part of your contract with your insurance company. Failure on our part to collect copayments and deductibles from patients can be considered fraud.

**Medicare Patients:** All of our physicians, physician’s assistants, and nurse practitioners are Medicare providers, and we will submit your bill to Medicare for you. **However, you are responsible for payment of your Medicare deductible each year.** If you have secondary insurance, we will submit your claim to your secondary insurance as a courtesy to you, if you provide us with accurate information. If we do not receive payment from your secondary payor within 60 days after the Medicare payment has been received, it will be your responsibility to make that payment at that time. **For patients without secondary insurance, you will be required to pay 100% of your coinsurance at the time the service is rendered.**

**Patients with Managed Care/PPO Plans:** You will be asked to pay any deductible or copay due per your plan prior to the service being rendered. It will not be waived as long as the physician has rendered the service.

**Patients with NO Insurance:** You will be asked to pay for each visit at the time of service.

**Broken Appointments:** Broken appointments represent not only a cost to us, but also an inability to provide services to others who could have been seen in the time set aside for you. We require 24-hour notice of cancellation to avoid a cancellation fee.

**Form completion:** All forms requiring medical review and physician signature, including but not limited to, FMLA, disability, etc. are subject to an administrative fee of \$25.00. These charges are not covered by insurance and must be paid before completion of the form.

**Lastly, it is the patients’ responsibility to notify the front desk of any changes in insurance coverage before the service is rendered. Any charges denied because of termination of coverage when we have not been informed, or because of a pre-existing condition, will be billed directly to the patient upon receipt of denial from the insurance company.**

**Nonpayment:** If your account is 60 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise arranged. **Please be aware that if a balance(s) remain unpaid, we may refer your account to a collection agency with additional fees incurred or you may be discharged from this practice.** If this is to occur, you will be notified by certified mail that you have 30 days to find alternative medical care. During that 30-day period, your physician will treat you on an emergency basis only.

I have read and understand the payment policy and agree to abide by its guidelines.

Signature of patient or responsible party

Date

Family Practice

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