

*Internal Medicine Associates of West Plano*  
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## **Office / Financial Policy Agreement**

**Thank you for choosing Internal Medicine Associates of West Plano (IMAWP) for your medical care.** We are committed to providing you with quality, personal health care, and appreciate your commitment to adhere to this **Office/ Financial Policy Agreement**. By understanding our policy, we can provide you with the best service. Agreement with this policy is required for all medical care.

Except as indicated below, *payment is required at the time services are provided* unless other arrangements have been made in *advance*. We accept cash, personal in-state checks, VISA, MasterCard, Discover and American Express credit cards. There is a **\$40.00** service charge for returned checks.

### **OFFICE HOURS (By Appointment Only):**

- Monday, Tuesday, Wednesday, and Friday: 8:00 am to 5:00 pm
- Thursday: 8:00 am to 12:30 pm
- The office is closed for lunch from 12:30 pm to 1:30 pm

As a courtesy to other patients, we request you arrive on time. If you arrive more than 15 minutes late, you may be asked to reschedule. For after hours/weekend **emergencies**, please call the office first. A message will guide you to the Doctor-on-Call.

**INSURANCE:** We participate in most managed care plans and will bill your insurance plan as may be necessary. If we do not participate with your managed care plan, payment in full is required at the time of service, unless other arrangements have been made in advance. We may be able to bill your plan as a courtesy to you and credit your account if we receive any additional payment. Knowing your insurance benefits – including eligibility, covered benefits, and medically necessary procedures is **your** responsibility; please contact customer services at your insurance company for questions you may have regarding your coverage. ***You are responsible for any charges not covered by your plan.***

- **Proof of Insurance.** All patients must complete and/or update our Patient Information Form at each office visit. You must furnish valid and up-to-date proof of insurance coverage and a copy of your driver's license. If you provide false or expired insurance information you will be responsible for the balance of the claim. **Please notify us of any changes in insurance coverage prior to time of service.** Insurance denials for termination of coverage will be automatically billed to you.
- **Co-payments and deductibles.** All co-payments and unsatisfied deductibles must be paid at the time of service. By contractual law your insurance company requires us to charge for, and you to pay for, all required co-payments, co-insurances, deductible and non-covered services.
- **Claim submission.** We will submit your insurance claims and assist you in any way reasonable to help get your claim paid. Your insurance company may need you to supply information directly to them. It is your responsibility to comply with their request in a timely manner. Texas insurance law requires your insurance company to provide timely payment. Please be aware that the balance of your claim is your responsibility to pay whether or not your insurance company has paid. We are not a party to your insurance contract.
- **Referrals.** If your managed care plan requires approval or authorization for referrals to a specialist, radiological imaging, medical facility care, *etc.*, it is *your* responsibility to inform the office of this requirement *prior to* referral. We require 72 hours notice to facilitate a referral request and cannot issue retroactive referrals.

**OUT-OF-NETWORK CARE / SELF PAY:** Please be aware that you have an option to seek care from Physicians even though they are not participating in your network. In this situation, your out-of-pocket expense will be greater. As a courtesy to our out-of-network patients, we will file your insurance claim if desired, and offer a 10% reduction from our usual fees. This benefit also applies to individuals without insurance.

**ADMINISTRATIVE SERVICES, CHARGES AND PATIENT RESPONSIBILITIES:** *Due to the continued decline in reimbursements from insurance companies and their failure to pay for the following services, we are no longer able to absorb the cost of these services. Therefore, the following administrative services will be billed directly to you with payment being your responsibility.* Our practice is committed to providing the highest quality of service to our patients while keeping our charges for administrative services at or below the usual and customary charges of other medical practices in our area. All such administrative fees must be paid prior to scheduling future appointments.

- **Missed 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 ***\$50 cancellation fee for a New patient appointment and \$25 for a Follow-up appointment.*** It is your responsibility to remember your appointment.
- **Prescription refills.** New prescriptions will not be issued without first seeing your Physician. Prescriptions for acute care or chronic conditions are written with an appropriate number of refills to complete the course of treatment or to last until your next scheduled appointment. ***You will be charged \$25 for any additional refills issued without seeing the Physician or to replace a lost prescription.*** All prescription requests are taken only during regular office hours and filled within 48 hours.
- **Prescription Prior- authorizations.** We will honor prior authorization requests from the patient, but the patient is responsible for contacting their insurance company to have them forward the prior authorization form to our office. ***A \$25 fee may be assessed for time to complete the prior authorization form.*** Any request for a ***forced change*** in your medication by your insurance company will require an office visit. The patient will need to ask their insurance plan what “alternative medications” are covered and provide a list to their Physician.
- **Letters / Form completion.** At the discretion of the Physician, letters and forms requiring medical review and Physician signature are subject to a **\$25** fee.
- **Telephone Consultations / After hours calls.** *Telephone consultations/after hours calls for medical advice/treatment may be subject to a \$30 fee* that is billed directly to you.
- **Requests for medical records.** In accordance with Texas law, IMAWP requires written requests for the release of medical records. The administrative fee associated with retrieving and copying medical records is based on current Texas law and is dependent on the number of pages requested. Please take this into consideration when requesting copies of your medical records.

**I have read, understand, and agree to comply with the terms of your Office / Financial Policy.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name