FINANCIAL POLICY

Payment:

As a courtesy to our patients, we will gladly file the forms necessary to your insurance so that you receive the full benefits of your medical coverage. We ask that you read your insurance policy to be fully aware of any limitations of the benefits provided. If you are concerned about coverage for any of our services, please contact your insurance company prior to your visit. Your responsibility such as copay, coinsurance, or deductible will be collected at the time of service unless we are told otherwise by your insurance. If your insurance company denies coverage, or we otherwise do not receive payment 60 days from filing your claim, the amount will then become due and payable by you. If there is an overcharge based on the fee schedule after your insurance company processes the claim (self pay fee schedule if you do not have or use your insurance), we will refund it to you as soon as possible. However, we do not refund on the service we have provided. Remember that your coverage is a contract between you and your insurance company. Although we will make a good faith effort to assist you in obtaining your benefits, we cannot force your insurance company to pay for the services we have provided to you. Texas Department of Insurance (tdi.texas.gov, 1-800-252-3439) can help with issues involving health plans they regulate (if your insurance card has "TDI" or "DOI" on it).

Assignment and Release:

I authorize payment to be made directly to Diabetes Plus Clinic by my insurance company, and I accept financial responsibility for all services not covered by my insurance. For Medigap or Medicare Supplement polices, I request that payment of authorized Medigap benefits be made on my behalf to Diabetes Plus Clinic for any services furnished me by Diabetes Plus Clinic providers. I authorize release of any medical care information requested to my insurance company including Medigap insurers.

My signature below acknowledges that I have read, understood, and accepted this information.

Financial Arrangements:

Because we realize that every person's financial situation is different, we provide a variety of payment options. For your convenience, we accept all major credit cards and checks (returned checks will be subject to a $35 returned check fee). If the check is returned for any reason, you will have 7 days to contact our office and arrange another form of payment.

Appointments/Cancellations:

We gladly reserve appointment times for you and appreciate that you have chosen Diabetes Plus Clinic for your care. As a courtesy, we will remind you of your appointment by calling /text/emailing. However, in the event your mailbox is full or your line is busy, our efforts to contact you may be unsuccessful. An appointment is a contract of time reserved for your treatment. We respect our patient's valuable time and we request the same courtesy from our patients. Please extend this courtesy should you need to cancel and/or reschedule your appointment. We reserve the right to charge $25 for regular appointments

cancelled or broken without advance notice of one business days.

Late Fees:

I understand that my account becomes delinquent if not paid within 30 days after billing and the unpaid balance becomes subject to a monthly finance charge of 1.5% (18% APR) or $35, whichever is greater. Any further delinquency will warrant the balance and any administrative fees being assigned to a collection agency.

Credit Card on File Policy:

Diabetes Plus Clinic is committed to making our billing process as simple and easy as possible. We require that all patients provide a credit card on file with our office. We will scan or enter your card information into our secure system. For security reasons only the last four digits will be visible to our staff. Credit cards on file can be used to pay coapy, conisurance, deductible or balances. im.

If we do not receive payment for the amount listed on your statement within 14 days, we will run the credit card on file for the full amount owed. If your payment is declined, we will call you. If our reminder call is not returned within one week, a $35 declined payment fee will be applied and another statement will be mailed. Your account becomes delinquent if not paid within 30 days after the date of the original statement and the late fee policy will be applied.

I give Diabetes Plus Clinic permission to charge my credit card for any patient balance due on my account.

COMMUNICATION POLICY

We use phone calls/emails/voice or text messages to communicate about *non-sensitive and non-urgent issues including scheduling and reminding appointments, balances, care follow up, satisfaction surveys, medical goods/services, and health promotion.* We use this information strictly for the purposes of communicating with you more efficiently. Our goal is to provide you with excellent treatment as well as service and satisfaction. *Standard call or text message rates may apply.* Protected health information (PHI) may be released to third parties that perform services for this practice in the administration of your benefits in accordance with HIPAA. These parties are required by law to sign a contract agreeing to protect the confidentiality of your PHI. All communications to or from you may be made a part of your medical record. Communication through these methods can be intercepted, altered, forwarded or used without authorization or detection. Diabetes Plus Clinic cannot guarantee but will use reasonable means to maintain security and confidentiality.

I authorize Diabetes Plus Clinic and its providers and staff to communicate with me using phone calls/emails/voice or text messages. I will ensure that I keep the practice informed of my up-to-date email and mobile number at all times.

HIPAA/PATIENT CONSENT

Notice of Privacy Practices Written Agreement:

I have read a copy of Diabetes Plus Clinic's Notice of Privacy Practices. I understand a written copy will be provided to me at any time upon my request. I understand Diabetes Plus Clinic has a link to the Notice of Privacy Practices on the practice website located at http://www.DiabetesPlusClinic.com

Consent for Treatment:

I voluntarily consent to and authorize medical care and treatment by Diabetes Plus Clinic through its providers, staff, and contractors. This care and treatment encompasses all diagnostic and therapeutic treatments considered necessary or advisable in the judgment of the provider of Diabetes Plus Clinic. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations performed or recommended by the providers of Diabetes Plus Clinic.

Consent for obtaining prescription history:

I voluntarily consent to provide Diabetes Plus Clinic access to and use of my prescription medication history (which includes but is not limited to prescriptions, labs, other health care drug historical information) from other healthcare providers, pharmacies, insurances, or pharmacy benefit payors for treatment purposes. I understand that this prescription history consent will be valid and remain in effect as long as I attend or receive services from Diabetes Plus Clinic unless revoked by me in writing.

I, the undersigned, am the patient or the patient's duly authorized representative and acknowledge that I have read and fully understand this consent form and consent to the conditions and instructions outlined above.

Note: The patient (or guarantor) must sign this sheet and present valid photo identification before the patient can be seen. This is for your protection and to prevent fraud.

Client Signature	Date