

Thank you for selecting our practice for surgical care. Your understanding of our financial policy is an essential element of your care. If you have any questions regarding any aspect of our policy, please feel free to consult with our staff.

1-Insurance

We will verify your insurance prior to your appointment. All co-pays, coinsurance, or deductibles will be explained to you prior to your visit and are due at the time of service. You will be required to present your current insurance card(s) at each visit so we can file your claim. For medical care not covered by your insurance, payment in full is due at the time of service. If we do not participate with your plan, we will file the claim on your behalf; however, payment in full is expected at the time of service. You are responsible for payment regardless of arbitrary determination of usual and customary rates charged by your insurance company. If any claim we submit on your behalf is denied by your insurance provider, you will be financially responsible for the services rendered. Whether or not your services are covered by your insurance provider, we remind you that our relationship is with you, not your insurance company. While we file insurance claims as a courtesy to our patients, all charges are your responsibility from the date the services are rendered. If you participate in a PPO or HMO, you may have a choice of surgeons or surgical facilities with or without PPO or HMO participation under different insurance coverage and benefits levels. We have no power to change your insurance coverage or network limitations. While many health care plans or insurance policies do provide surgical coverage to non-PPO providers and facilities, such coverage is usually offered at a lower percentage of insurance reimbursement. Although it is your responsibility to verify your insurance coverage for non-PPO/HMO providers, we will always disclose our participation status with your insurance plan to you.

2-Cash Patients

For those patients who are paying cash for their treatment, payment is due at the time of service.

3-Statement Fees

All co-pay, deductible, and coinsurance amounts will be collected at the time of service. The practice will assess a \$10.00 "statement fee" if the co-payment is not paid at the time of service.

4-Referrals and pre-certification

If your insurance requires a referral from your primary care physician, it is your responsibility to obtain the referral. If surgery is indicated and your insurance requires pre-certification, we will initiate the request for pre-certification; however, it is your responsibility as well to confirm with our office prior to the surgery that the pre-certification has been authorized. If the required information is not on file at the time of service, your visit may be rescheduled or you may be required to pay for all charges at the time of service.

5-Fee Estimates

Any fee estimates we provide regarding any procedure or course of care are based on a number of factors, and should be regarded only as estimates unless otherwise specified. Upon patient request, we will disclose to every patient our charges as clearly as practically possible before your medical or surgical procedures. Please feel free to ask our staff if you have any questions about charges and your payment responsibilities. While we don't anticipate any complications in connection with your care, we have no control over any such events that may arise. Should you require additional medical or surgical care in any event of post-surgical complications and reactions, you may incur additional expenses at this facility or outside this facility that are not accounted for in our fee estimates.

6-Surgical Procedures

If surgery is required, you will be contacted by our business office to discuss your insurance benefits and financial responsibility. Your estimated financial obligation will be required as a surgical deposit prior to the procedure. After the insurance has processed your claim, any balance remaining is due upon notice. The surgery scheduler will contact you within 3-4 days after your office visit to discuss available dates, times and facility options. Some surgical cases require an assistant surgeon and/or surgical assistant. Such assistants are contracted by an independent entity and bill independently under their group name. Questions regarding fees for the surgical assistant should be directed to the billing office of that group.

7-Billing by Third Parties

You will receive a separate billing statement from each outside agency providing services in connection with your care. These services may include, but are not limited to, hospital, anesthesiology, laboratory, pathology, radiology, and surgical assistant charges. We cannot guarantee each outside agency used by the medical facility will be in-network for your insurance plan. It is your responsibility to verify with your insurance carrier coverage for any services provided other than those services performed by Lixana Vega Vega, MD, PLLC, d/b/a Vega Surgical Group PLLC.



FINACIAL POLICY

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www.vegasurgicalgroup.com

8-Statement Procedure

Once your insurance has paid, we will mail a statement to the address you provided indicating your balance due. You are responsible for paying the bill in full unless special arrangements are approved by Vega Surgical Group in its discretion. You must call our billing company, at the number printed on the billing statement, in order to make such arrangement. Late fees of 1.5% per month will be charged on balances that are still unpaid starting 30 days after the first statement. Delinquent accounts may be turned over to a collection agency at which time you agree to be responsible for collections charges and associated legal fees in addition to the amount owed.

9-Compliance & Disclosure under Texas Occupations Code-Section 102.006

In compliance with Section 102.006 of Texas Occupations Code, in connection with my informed consent and personal choice of doctors and facility solely based on the quality and safety of care, reputation, and patient satisfaction, and my knowledge in my decision-making in exercising my rights with respect to the in-network or out-of-network coverage and cost sharing, my attending doctor(s) and/or clinic (facility) have disclosed to me at the time of initial contact and the time of referral with respect to the choice of a doctor or facility solely in the interest of my healthcare quality and safety, as a result of my informed consent and personal choice of doctor(s) and/or facility: (A) his/her affiliation, if any, with the doctor or facility for whom the patient is referred and (B) that he/she will receive, directly or indirectly, in a manner permitted under Section 102.001 of the Texas Occupations Code, remuneration for referring upon my such request and excising my rights of freedom of choice for the provider(s) and facility under the in-network or out-of-network coverage as provided by my health plan, in compliance with all applicable federal and state laws, Medicare, ERISA, PPACA and the Section 102.006 of Texas Occupations Code. **As such, you were informed that Lixana Vega Vega, MD PLLC d.b.a. Vega Surgical Group is affiliated with, has ownership interest in, and may receive remuneration from Memorial Houston Surgery Center.** You were informed that you have the right to choose the provider of your health care services. You were informed of alternative resources available at the time of your decision-making, and of your option to use one of those alternative resources. Therefore, you have the option to use a health care facility other than the affiliated healthcare facilities mentioned above. You were informed and assured that your physician will not treat you differently if you choose to obtain health care services at a facility other than the affiliated healthcare facility. You understand that your physician has made referrals to the other providers or entities based only on the needs of your individual healthcare, the medical community standard of care, and your informed choice for quality and safety of the care that you will be expecting and receiving, and for the provider's professional reputation and patient satisfaction in order to provide you with quality and affordable healthcare that you personally expected under your health plan for out-of-network coverage. If you have any questions concerning this Section 10, please feel free to ask your physician or any representative of Lixana Vega Vega, MD PLLC d.b.a. Vega Surgical Group.

10-Medical Records

Medical records requests will be processed when accompanied with a signed, HIPPA-compliant medical record release. Fees for copies of medical records are in accordance with the rules of the Texas Medical Board. A \$35.00 fee is required for completion of forms that are not associated with the reimbursement of a medical claim to Lixana Vega Vega, MD, PLLC, d/b/a Vega Surgical Group PLLC (i.e., disability forms, leave of absence requests, etc.). This fee must be paid prior to completing the form. Records requests will require a minimum of 48 hours to process.

11-Cancellation Policy

In an effort to best serve our patients; for office visits we may charge a fee of \$25.00 for the cancellation/failure to keep an appointment. Please make every effort to notify this office within 48 hours of your office visit or scheduled procedure if you must cancel or reschedule.

12-Payment Options

We accept cash, check, money order, Mastercard, Visa, Discover, and American Express. There is a \$25.00 returned check fee. Persons knowingly writing bad checks are subject to criminal prosecution by the District Attorney's office.

ACKNOWLEDGEMENT OF FINANCIAL POLICY RECEIPT

A copy of the Lixana Vega Vega, MD, PLLC, d/b/a Vega Surgical Group PLLC, and financial policy has been provided to me.

Print patient name: _____ Signer's relationship to patient if not patient: _____

Patient/guardian signature: _____ Date: _____