Kelsey-Seybold Clinic®
Changing the way health cares.℠

AUTHORIZATION AND ACKNOWLEDGEMENT

I hereby authorize the physicians of Kelsey-Seybold Medical Group, PLLC and affiliated or other providers to release information acquired in the course of my treatment to my insurance company, employer based health plan, or third-party payer as required of claims filed, quality assurance, health plan administration, complaints/grievances, as well as other health care providers who are seeing me. I understand that some physicians who are not employed by Kelsey-Seybold (who can be identified by their badges) may provide services at a Kelsey-Seybold location.

I authorize direct payment to be made to the physicians of Kelsey-Seybold Clinic Medical Group, PLLC or other providers for any and all medical and surgical services rendered. I will provide accurate and complete information to file claims upon my behalf and understand that I am responsible for all charges if any services are not covered by insurance. I grant Kelsey-Seybold Clinic the rights to coordinate benefits with other insurance coverage and to collect against another party for reimbursement of expenses, if my injury or illness was caused by or is reimbursable by that party. I authorize Kelsey-Seybold Clinic and its Business Associates to contact me via e-mail or the telephone numbers associated with my account, including wireless telephone numbers, and to leave appointment, payment, visit follow-up or debt collection reminders on answering devices or via e-mail. I further agree to any method of contact to any of these telephone numbers, including prerecorded or artificial voice messages, text message, and automatic dialing devices.

To protect patient confidentiality, electronic recording is prohibited.

Financial Policy

Thank you for choosing Kelsey-Seybold Clinic for your health care needs. Please carefully review our financial policy. A customer service representative in our business office is available to answer any questions you may have regarding our financial policy or your payment responsibilities. They can be reached at 713-442-5500. Our office is open Monday – Friday from 8 AM to 5 PM.

Clinic and Ambulatory Surgery Center (ASC) Patient Financial Services

The Clinic and ASC participate with many health plans. As a courtesy to our patients, we will file claims with these companies. It is ultimately your responsibility for the full and timely payment of your account.

Please be prepared to submit your current insurance card at each visit. A scanned copy of this card may be kept as a part of your permanent record. You may be asked for photo identification. Please provide the Clinic with up to date contact information including your home address, telephone numbers, and emergency contact information.

The Clinic will attempt to verify coverage and benefits prior to your visit. If we are unable to obtain a verification of coverage you may be asked to pay in full or reschedule your visit at a time the verification can be obtained. This verification will be used to estimate your financial responsibility; however, this verification is not a guarantee by your health plan of coverage or payment. Payment of your estimated patient liability is expected at the time services are rendered to include known deductibles, copays, and coinsurance. While we may estimate your financial responsibility for your scheduled service, the actual charges may vary based on your medical condition or other factors associated with your care. Special requests for an estimate may delay scheduling or provision of your

services. For the most accurate information, you should contact your health benefit plan for information regarding these benefits. It is your insurance company that makes the final determination regarding your eligibility and benefits.

Obstetrical and surgical patients will be asked to pre-pay all copays, deductibles, and coinsurance. Patients receiving cosmetic services, hearing aids, or contact lenses will also be responsible for paying in full before receiving services.

Please be aware that certain office procedures or services may not be covered, or may be considered "not medically necessary", "experimental", or "cosmetic" by your health plan. You may be responsible for payment of these services. Please also be aware that many health plans limit preventative coverage and that **additional charges may be incurred if during the course of a physical exam the physician addresses, diagnoses or treats a problem-focused health concern**. In the event your care exceeds a plan limitation, you will be responsible for the balance. ***It is your responsibility to know the benefits and limitations of your current health care coverage.*** Kelsey-Seybold Clinic will provide medically necessary care based on patients' medical needs, not a patient's insurance coverage. **Your physician is not responsible for knowing your plan's specific benefit and coverage limitations**.

ASC patients seen by Clinic physicians agree to the transfer of credit balances between these separately taxable entities in the event that a balance is owed to either entity.

The Clinic does not submit claims to non-contracted Third Parties involving automobile accidents and accidental injury. An itemized statement may be obtained by calling our business office. This statement will assist you with reimbursement. It is your responsibility to file claims in these instances.

Failure to Cancel Appointment/No Shows
The Clinic may charge tiered fees based on type of visit for failure to arrive at scheduled appointments.

Past Due Accounts
You will be billed with an itemized statement of charges. We will also provide this statement to you upon request. If your account becomes past due we will take necessary steps to collect this debt. Delinquent accounts are referred to a collection agency which may adversely impact your credit record and may result in dismissal as a patient from Kelsey-Seybold. Interest is not charged on balances.

NSF Checks / Denied Credit Card Payments
If any method of payment is returned for insufficient funds, your account will be charged a fee. Should this happen 3 times, you will be required to pay for future services with cash or preapproved credit card.

Self Pay Discounts
As a courtesy, the clinic offers a discount to uninsured and underinsured patients for certain medically necessary services. This discount applies to balances paid in full at the time of service. Some services, e.g., eye refractions, cosmetic services, travel medicine, and contact lenses may not be discounted. The discount does not apply to balances for deductibles and co-insurance.

I acknowledge receipt of Kelsey-Seybold's Financial Policy. I also acknowledge prior receipt of a Notice of Privacy Practices and that no warranty or guarantee has been made to me as to result or cure. I certify that I understand this statement.

Date:
Patient Name:
Signature: