plaza OB / GYN

www.plazaobg.com

PH: 713-522-3333
FX: 713-522-4434

1801 Binz St. Ste 500
Houston, Tx 77004

Financial Policy

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy or your responsibility.

INSURANCE

It is your responsibility to know your insurance plan and to verify coverage for referrals to other doctors, recommended tests and laboratories. We make every effort to refer you to providers, labs, and x-ray facilities that are members of most health plans. However, there are more than 100 plans for which we are providers. It is not possible for us to know the details for each of these plans. If you are in doubt as to whether a procedure, lab test or x-ray is covered, If you are unsure as to where it is performed, please call your plan's member services department. This office cannot be responsible for out-of-pocket expenses incurred from utilizing the wrong provider, facility, or for undergoing non-covered tests or procedures.

PPO HMO POS and Individual Insurance Plans

We will bill your insurance company. Co-payment and any anticipated deductible and coinsurance are due at the time of your visit.

Pre-Existing Condition and Waiting Periods

If you currently have a medical problem, or have had one in the recent past, it may meet a plan's definition of a "pre-existing condition." Most plans require you to wait a period of months, or sometimes years, before benefits for treatment related to this condition.

Dual insurance

It is mandatory to provide our office with all medical coverage, including insurance through your employer and/or government insurance. It's not at the discretion of the patient as to who is the primary or the secondary insurance carrier. The law states you must use your primary insurance first. WE DO NOT FILE MEDICAID SECONDARY.

UNINSURED PATIENTS

Payment in full is due at the time of service for all office visits and/or procedures. We accept cash, checks, VISA, Discover, American Express and MasterCard.

Surgery Charges

We will bill your insurance. Anticipated deductible, coinsurance and co-payments must be paid prior to the scheduled surgery.

LAB TESTS AND OTHER CHARGES

If your visit includes lab tests, x-rays, biopsies, pap smears or cultures, you will receive separate billing from the company performing the processing and evaluation of those tests.

**Insurance is a contract between you and your insurance company. We are a party to this contract in some cases. If we are a party to your insurance contract, we will handle claims according to our agreements with the insurance company. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, usual and customary charges, etc., other than to supply information as necessary. You are ultimately responsible for a timely payment on your account.

I have read and understand the above information.

Printed Name: _____ Signature: _____ Date: _____

Responsible Party's Name - (Parent or guardian of patient under age 18)

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PRE-EXISTING CONDITION AND WAITING PERIODS

If you currently have a medical problem, or have had one in the recent past, it may meet a plan's definition of a "pre-existing condition." Most plans require you to wait a period of months, or sometimes years, before benefits for treatment related to this condition.

Carriers may define a pre-existing condition as any condition for which you've received medical advice, care diagnosis, or treatment during a specified period of time before the plan takes effect. In addition, individual plans can define a pre-existing condition as one where you've shown the existence of symptoms likely to cause you to seek a diagnosis or care during the period before the plan begins. Typically, individual plans consider your medical history for the previous 1 to 5 years to determine whether you have a pre-existing condition. Employer-sponsored plans typically consider the previous months, whole other group plans usually look at the previous 12 months.

An individual carrier may decline to cover you entirely on the grounds of pre-existing condition, or the carrier may insist on a special policy "rider" that excludes treatment for the condition. Group carriers may not insist on a pre-existing condition exclusion rider.

REDUCING OR ELIMINATING PRE-EXISTING CONDITION WAITING PERIODS

If you're switching from one health plan to another, or have a recent history of health coverage, the law has some provisions that can shorten or eliminate your pre-existing waiting period under the new plan. However, these rules do not apply if you are switching from one individual coverage to another.

The amount of time you spent covered under the previous health plan is "CREDIBLE" toward any new plan's waiting period. As long as there is no gap in coverage greater than 63 days.

When switching from one insurance carrier to another you must contact the previous carrier and request a Letter of Credible Coverage and you must send it to your new carrier to avoid from pre-existing conditions or waiting periods.

PLEASE CHECK ONE:

I had previous insurance coverage with _____

Policy started on _____ End date _____

I had no insurance prior to my current carrier and/or had a break in coverage for over 60days.

Please note: If your current policy is stating there is pre-existing waiting period, your insurance co. may deny payment, making you responsible for your charges. In this case we will ask for a payment on for services rendered that day.

Patient Name: _____

Patient Signature: _____ Date: _____

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Example: 1.

You are insured under your employer and also through your husbands insurance. You cannot choose his as a primary insurance. Your insurance is considered primary by default.

Example: 2.

If you have other insurance coverage through your employer, parent, school or significant other. You must provide us with this information.

NOTE: IT IS OUR FINANCIAL POLICY THAT WE DO NOT ACCEPT MEDICAID INSURANCE AS A SECONDARY.

Not providing us with this information is against the law, and prosecutable.

My primary insurance is:_____
or write I have no primary insurance MUST COMPLETE THIS LINE

My secondary insurance is:_____
or write I have no secondary insurance. MUST COMPLETE THIS LINE

I have read and understand the above information.

MUST SIGN: X_____ Date: _____

Patient Name: _____