



Patient Financial Policy

Thank you for choosing Health Services of North Texas (HSNT) as your health care provider. We are committed to building a successful provider-patient relationship needed to establish a Medical Home for you and your family. Your clear understanding of our patients' financial responsibility is important to our professional relationship. Please understand that payment for services is a part of that relationship. We are available to provide information if you have any questions about our fees, our policies, or your responsibilities. In addition to insurance plans, Medicaid, and Medicare, we also offer a sliding fee for those that qualify. Please let us know if you are interested in applying for the sliding fee schedule. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc.).

Co-pays

The patient is expected to present an insurance card at each visit. All co-payments and past due balances are due at time of check-in unless previous arrangements have been made with the patient services coordinator or business manager. We accept cash, check, money orders or credit cards. Absolutely no post-dated checks will be accepted.

Insurance Claims

Insurance is a contract between you and your insurance company. In most cases, we are not a party of this contract. We will bill your primary insurance company as a courtesy to you. In order to properly bill your insurance company, we require that you disclose all insurance information including primary and secondary insurance, as well as, any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.

Participating Insurances

An updated listing is available at HSNT (subject to change without notice)

Self-pay Accounts

Self-pay accounts are patients without insurance coverage or patients without a current insurance card on file with us. Those self-pay patients who pay in full on the day of their visit will receive a 50% discount.

Sliding Fee

Patients who qualify for the sliding fee schedule program are expected to pay the office visit fee at check in and any additional fees at check out. Annual recertification for continued use of sliding fee schedule is required. Please contact the Patient Services Coordinator for more information and to recertify. If for any reason you are unable to pay, we may refer you to our Case Management Department to assess your financial status and evaluate if you are eligible for other community programs, grants or benefits.

Workers' Compensation

Patients are responsible for getting approval from their employer or insurance company to be seen or treated for work-related or accident injuries at our facility. We require this information prior to your visit. Without this information, the patient will be responsible for the charges. We will provide receipts and any billing information as needed or requested. For all medical records, a medical release form must be completed. Please allow 48-72 hours for processing.

Returned Checks

The charge for a returned check is \$25.00 payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a cash only basis following any returned check.

Minors

The parent(s) or guardian(s) are responsible for full payment.

Outstanding Balance Policy

Payment in full is expected on receipt of your billing statement. The statement will reflect the amount you owe after your insurance, if any, has processed your claim. Patients are responsible for the remaining balance. A statement for unpaid services will be mailed to the patient.

This financial policy helps the office provide quality care to our patients. If you have any questions or need clarification of any of the above policies, please contact our Business Manager at (940)387-5788.