



## **Financial Policy**

We make every effort to keep the cost of your medical care as low as possible. Because billing and collections are expensive, we ask that all patients understand and follow the policies below.

### **Office Visits**

All payments are due at the time of service. We verify your insurance benefits prior to your appointment whenever possible. However, it is ultimately the patient's responsibility to ensure you have a valid referral (if required by your insurance) before seeing a specialist.

We collect all copays, deductibles, and coinsurance at check-in. For self-pay patients (new and established), payment is collected at check-in. We will provide a good-faith estimate before your visit when requested. The amount collected at check-in is a deposit and may not reflect the final amount due. Any additional balances will be collected at the end of your visit or included in your electronic statement.

### **Surgery, Allergy Testing, Office Procedures, and In-Office Imaging**

These services often involve larger fees. We will accept insurance assignment provided we are given complete and accurate insurance information and can verify coverage in advance.

Please note that some office procedures and in-office services may be applied to your deductible, coinsurance, and/or out-of-pocket maximum. Not all services performed in the office are covered under a co-pay. While we make every effort to verify benefits beforehand, your insurance plan ultimately determines coverage and payment responsibility.

For surgical and other outpatient procedures, our Pre-Certification team will assist you. However, you are responsible for paying any deductible, coinsurance, or non-covered amounts prior to the procedure. We require a deposit before scheduling surgery.

Although we file claims on your behalf, you are ultimately responsible for any unpaid balance.

### **Insurance Coverage**

We make a good-faith effort to verify your coverage; however, we cannot guarantee the accuracy of information provided by your insurance company. It is your responsibility to know what services are covered under your plan.

You must notify our office of any changes to your insurance. If incorrect insurance information causes a delay or denial of payment, you will be responsible for the full billed charges and may need to seek reimbursement directly from your insurance carrier. Balances After Insurance Payment- Any remaining balance after insurance processes the claim is due within 30 days of the date of the statement.

### **Liability Actions & Third-Party Payers**

We do not accept insurance assignment for liability cases (e.g., accidents or lawsuits). Payment is the responsibility of the patient receiving treatment. We will provide medical records to your attorney upon receipt of a signed release.

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**Questions?** If you have any questions about our Financial Policy, please call our Business Office at **817-540-3121**. For questions about your insurance benefits or network providers, please contact your insurance carrier directly.



**Telehealth / Virtual Visits** Telehealth visits are subject to the same financial policies as in-office visits. Copays, deductibles, and coinsurance (if applicable) are collected prior to the visit. Some insurance plans do not cover telehealth services — it is the patient’s responsibility to verify coverage.

### **Payment Method and Credit Card Surcharge**

We accept cash, checks, credit cards (Visa, MasterCard, American Express, Discover), and HSA/FSA cards. All returned checks will incur a \$35 returned check fee.

Starting April 6, 2026, Texas ENT Specialists will impose a surcharge of 3% on the total transaction amount on Visa, Mastercard, Discover and AMEX credit card products, which is not greater than our cost of acceptance. We do not surcharge debit cards.

### **Outstanding Balances**

You will receive monthly statements via text or email. We do not issue paper statements. If your account becomes past due, we will attempt to work with you on a payment plan. Failure to make scheduled payments may result in your account being sent to a collection agency.

If your account is sent to collections, you agree to pay all collection costs incurred. The account will also be reported to credit reporting agencies. In such cases, Texas ENT Specialists may discontinue providing care after proper written notification.

**Reinstatement Fee** If a collection account is paid in full and you request reinstatement, a \$25 reinstatement fee (non-billable to insurance) will apply before scheduling future appointments.

### **Fees for Forms**

Physician-completed paperwork requested by the patient will incur the following non-covered fees (due at time of drop-off):

- FMLA forms: \$25.00 per set
- Disability forms: \$75.00 per set
- All other forms: \$10.00 per set

### **Cancellation Policy**

Effective May 1, 2021, a \$50 cancellation fee may be charged for appointments cancelled with less than 24 hours’ notice. No showing appointments will also generate a \$50 fee, and all cancellation and no show fees must be paid prior to rescheduling.

### **Medical Records**

Medical records are handled by our third-party partner, Vital Chart. Contact: (972) 399-0914 or [www.vitalrecordscontrol.com](http://www.vitalrecordscontrol.com). For in-office CT scans, please call 817-952-5508. There is a \$25 fee for the CT scan disc. Texas law allows us up to 15 days to fulfill records requests.

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