



Patient Financial Responsibility

Thank you for choosing ATX Robotic Surgery. We ask that you read and sign this form to acknowledge your understanding of our financial policies.

Patient Financial Responsibilities

In consideration for the services to be rendered to the Patient, the Patient and/or guarantor assumes full financial responsibility for payment of the Professional Fees. Your clear understanding of our financial policies is important to our professional relationship. Please contact our billing department regarding any questions about our fees, financial policies or your insurance coverage and your financial responsibilities.

Professional Fees: The fees we charge for our medical services are comparable to other similarly trained and experienced physicians in the community and reflect the complexity of your specific needs, the physician time dedicated to your care, the specialized nature of the doctor's education and training and support costs associated with providing and coordinating your care.

Patient Payments: Co-pays, deductibles, and the amounts charged for services not covered by your insurance plan or outstanding balances are due at the time of your appointment. Payments may be made with cash, check or credit card. Returned checks will be subject to the fee allowed by state regulations. We may utilize third parties to collect any unpaid balances.

Please let us know if your financial situation warrants a payment plan, and our billing department will discuss mutually acceptable payment arrangements with you.

Insurance Payments: Accurate insurance information and a copy of the applicable insurance card must be supplied by the Patient or guarantor. The patient or guarantor is responsible for any co-payment, deductible, and/or coinsurance deemed by the Patient's medical insurance plan. We participate in and accept assignment of payment with most major insurance plans in the area. Even though we may submit insurance claims for you, your insurance coverage is a contract between you and your insurer, and you are still responsible for payments and services regardless of the amount your insurance pays. If your insurance company requires an authorization or referral, it is the patient's responsibility to obtain this for the initial visit and for continuation of care.

If the patient and/or guarantor does not present proof of medical insurance, the patient will be deemed "self-pay" at the time of service and charged our customary professional fees.

Additional Fees:

Missed Appointments: Please understand that when you reserve an appointment with one of our physicians, we are making a commitment to your medical care, and this prevents another patient from receiving care at that time. To assist all our patients with appropriate access to our physicians we may charge a fee for any office visit cancelled with less than 24 hours' notice, including no shows. Please note this fee of \$50.00 is not covered by your insurance company.

Medical Forms: The completion of disability forms, attending physician statements and other supplemental insurance forms all require physician and staff time to complete. Accordingly, a \$50.00 fee may be charged to complete most of these forms. Non-standard forms may be higher.

Medical Records: Once our office has received a HIPAA-compliant authorization, we will provide you with the requested medical records within the timeframe required by Texas law. The fee for paper records is \$25.00 for the first twenty pages and \$.50 per page thereafter. The fee for electronic records is \$25.00 for the first 500 pages and \$50.00 for records in excess of 500 pages.

Patient Signature: _____

Date: _____

Legal Representative's Signature: _____

Date: _____