

DAVID B. MCALPINE MD  
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## Patient Financial Disclosure

Office • Phone 817.370.2440 • Fax 817.370.8209

Thank you for selecting Dr. David McAlpine for your women's health care needs! We are committed to providing you with the best possible health care! The following information is provided to familiarize you with our financial policies and to help avoid any misunderstanding concerning payment for professional services. Please ask us if you have any questions regarding these policies.

- Our office participates with a variety of insurance plans.
  1. Please bring your insurance card to every visit.
  2. Please be prepared to pay your co-payment, co-insurance and/or deductible at each visit. Payment may be made by cash, check or credit card. We accept VISA, MASTERCARD, DISCOVER & AMERICAN EXPRESS credit cards for your convenience. You may also arrange for auto-pay on your credit card for all services or remaining balances after insurance for your convenience.
  3. For medical care not covered under your insurance, payment in full is due at the time of the visit.
- We will bill your insurance as a courtesy; however, all charges, regardless of insurance coverage are your responsibility. If your insurance has not paid within 30 days, please contact them to ensure prompt resolution of your bill.
- For gynecological care, if you do not have insurance or other government benefits, we ask for a \$200 payment at the first visit.
- For obstetrical care, if you do not have insurance or other government benefits, we ask for a \$200 payment at the first visit. We will then arrange a contract with you for a monthly payment based on your estimated financial responsibility after insurance and other benefits are verified.
- If the patient is a minor (18 years and younger), the parent or guardian must sign below. The parent, guardian or unaccompanied minor is responsible for any payment due at time of service.
- It is your responsibility to bring any required referrals for treatment at, or prior to the visit. If you do not have a referral, your visit may be rescheduled, or you may be financially responsible.
- If you are seen for a wellness visit or annual exam *and* an illness or separate problem is also addressed at that visit, you may be charged for both services. Additionally, some medically indicated lab work may *not* be covered by all wellness policies. Your individual contract with your insurance carrier will determine how your insurance will pay. We make every effort to bill each visit with the proper diagnosis and procedure codes according to national coding guidelines. Please understand that we cannot make exceptions to our coding practices due to federal and State legal compliance regulations.
- We routinely send our PAP and pathology tests to outside labs for processing; therefore you will receive a separate bill from the pathologist's office. These providers may or may not participate with your health plan.
- If you fail to make payment in full for the services that are rendered to you, your outstanding balance will be sent to a collections agency. You will be responsible for the fees assessed by the collections agency.
- A \$30.00 service charge is applied to all returned checks. Finance charges will accrue on balances over 90 days at a rate of 1.5% per month (18% per annum).

I have read and understand the above information and agree to comply with these financial policies.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_