



**Neurology Consultants of Dallas, P.A.**

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**Steven K. Gerhardt, M.D.**  
**Connie L. Chen, M.D.**

Dear Patient:

Our office is delighted to have the opportunity to serve you. We understand that your insurance coverage is through \_\_\_\_\_ . In order to begin our relationship in a manner which your Managed Care program, PPO, or Medicare program dictates, this page outlines some of the financial and procedural steps required by our office and your insurance plan.

**You must pay any co-payment or deductible at the time of service, unless other arrangements have been made with our office, prior to your appointment date.**

**The remainder of your bill will be sent to your insurance company for direct payment to our office.**

**If by mistake your insurance company remits this payment to you, please send it to us along with all paperwork sent to you at that time. Please do not sent it back to the insurance company, for this will only delay financial payment that you will be required to pay to our office.**

**If for any reason you cannot keep your appointment with our office, you must call within 24 hours of your appointment to cancel or there will be a \$50.00, No Show charge billed to your account and this must be paid before your next appointment.**

**All dictated notes, labs, and out-patient testing ordered or performed by our physicians, and/or any other pertinent information regarding your treatment is sent to your referring physician(s).**

Sometimes your insurance company will refuse payment of a claim to us for some of the following reasons:

1. This is a pre-existing illness, which they do not cover.
2. You have not met your full calendar year deductible/coinsurance.
3. The type of medical service required is not covered (Botox/Injections).
4. Waiver of Liability—same or similar services have already been provided by another physician under the Local Coverage Determination policy. This includes EMG, EEG and MRI testing.
5. The insurance was not in effect at the time of service.
6. You have other insurance which must be filed first.
7. Your insurance plan changed and you failed to inform our office.

If your insurance company denies the claim for any of the above, or other reason, our office cannot be responsible for this bill. It is the responsibility of the patient to pay the amount in full.

Remember that as a patient you are ultimately responsible for payment of your medical expenses should your employer become financially unable to pay your claims.

We charge a flat rate fee of \$30.00 to complete insurance forms for life insurance, disability insurance and other forms related to your treatment that may be requested by your insurer. We do request prepayment.

Our primary mission is to provide you with quality, cost effective medical care. Together we are trying to adapt to the changing way that health care is financed and delivered. Again, we value you as a patient and our first priority is to provide you (and your family) with the best possible care. With this housekeeping chore complete, we are eager to serve you.

Sincerely,

Richard C. Hinton, M.D., Anna S. Tseng, M.D., Duc Tran, M.D., Daniel E. Krampitz, M.D., Steven K. Gerhardt, M.D., Connie L. Chen, M.D., and Samir H. Shah, M.D.

I have read and understand my financial obligations under this PPO/HMO/ Medicare arrangement and will be fully responsible for payment and all medical services denied by my insurance company.

\_\_\_\_\_  
**Patient signature**

\_\_\_\_\_  
**Please print patient name**

\_\_\_\_\_  
**Date**