

SURGICAL ASSOCIATES OF COLLIN COUNTY

Alan A. London, M.D.

Sheetal M. Patel, M.D.

4001 W 15th Street, Ste 335 • Plano, TX 75093

PHONE (972) 596-5225 • FAX (972) 596-2684

OFFICE POLICIES AND PROCEDURES

Office Hours:

Monday through Friday 9:00am to 5:00pm

Insurance and Payment Policy:

Our office participates in several PPO and HMO insurance plans. Non-PPO/HMO plan patients are responsible for all amounts deemed above the usual and customary or otherwise not paid for by their insurance carrier. If we are providers on your insurance plan, contractual adjustments will be taken. It is your responsibility to verify your insurance eligibility and deductible information prior to your appointment. You will be responsible for all co-pays, co-insurance, and deductibles along with any service that is not covered on your insurance plan.

Co-pays/or co-insurance is based on your insurance contracted rate and is due upon check-in. Any applicable deductible amounts may be collected at the close of your appointment. All non-insured patients must pay for each visit in full at the time of service. Surgery deposits are calculated based on your insurance benefits and contracted rate. Surgery deposit payment is required by 3:00pm the day prior to your surgery.

Our office accepts the following forms of payment: Cash, Check, MasterCard, Visa, Discover and American Express. All account balances not paid in full within 60 days will be sent to an outside collection agency.

No Show Appointments:

Please be aware that there may be a \$50.00 fee for Surgical Consultations and \$75.00 fee for Bariatric Surgery Consultations charged to your account for all No-Shows or appointments that you fail to cancel within 24 hours prior your appointment.

Patients with multiple No-Shows for any appointment type may be terminated from the practice.

Appointment Cancellation:

We understand that occasionally you may need to cancel your appointment. Please provide us with adequate notice so that your appointment may be rescheduled. Failure to cancel an office visit within 24 hours of the scheduled appointment time can be considered a *No-show* and you may be subject to a charge. Refer to the no show policy for additional details.

Completion of Forms:

Patients requesting the completion of forms (Disability, Family Medical Leave Act, etc.) may be required to pay a \$25 completion fee per form.

Copies of Medical Records:

Patients requesting copies of their medical records will be assessed a fee based on Texas State Guidelines. **For paper copies, \$25 for the first 20 pages, and 50 cents for each page thereafter.** There is no charge for sending medical records by facsimile to other physicians who are providing you care.

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Pre-Certifications: If your insurance requires authorization on selected diagnostic testing; you will be notified when the approval number has been received. IT IS YOUR RESPONSIBILITY TO KNOW YOUR BENEFITS. It is unfortunate that we have had insurance companies misquote benefits, thus affecting the patient and therefore, we cannot be held accountable for such inaccuracies. IF YOUR INSURANCE REQUIRES A SPECIFIC HOSPITAL IN ORDER TO HAVE A HIGHER BENEFIT LEVEL, WE ASK THAT YOU INFORM OUR OFFICE. We verify benefits prior to your visit and typically, the insurance company will not quote facility requirements to physicians.

Patient Termination:

Although it is an infrequent occurrence, a patient may be terminated from the office and given 30 days to locate another medical office for their continued care. Patient termination is at the discretion of the patients' physician. Common reasons for termination include, but are not limited to, multiple No-Shows, use of foul language, chronic noncompliance with recommended therapy, abusive behavior of staff, physicians, visitors or other patients.

AFTER HOURS CARE:

An on-call physician is available by telephone for emergent issues.