

**Tehmina Sami M.D P.A.**  
13440 University Blvd, Ste 180  
Sugar Land, TX 77479



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## **Agreement of Financial Responsibility**

Thank you for choosing us as your health care provider. We are committed to providing quality care and service to all of our patients. The following is a statement of our financial policy, which we require that you read and agree to prior to any treatment.

- Fees are payable when services are rendered. We accept cash, check, credit cards, and pre-approved insurance for which we are a contracted provider and are the designated Primary Care Provider (PCP).
- It is your responsibility to know your own insurance benefits, including whether we are a contracted provider with your insurance company, your covered benefits and any exclusions in your insurance policy, and pre-authorization.
- We will attempt to confirm your insurance coverage prior to your treatment. It is your responsibility to provide current and accurate insurance information, including any updates or changes in coverage. Should you fail to provide this information, you will be financially responsible.
- If we have a contract with your insurance company we will bill your insurance company first, less any copayment(s) or deductible(s), and then bill you for any amount determined to be your responsibility.
- We will ask to make a copy of your ID and insurance card for our records. Providing a copy of your insurance card does not confirm that your coverage is effective or that the services rendered will be covered by your insurance.
- It is the responsibility of each patient to know the details of his or her insurance plan in addition to any lapses in insurance coverage. Unfortunately, if you do not inform us of special requirements required by your plan and we order medically necessary services, such as lab work, hospitalization, or supplies that are not covered by your plan; we may bill you directly for those charges. If current insurance coverage cannot be verified prior to each appointment, payment will be due at the time of service.
- The office bills only for services performed by our providers.
- If another provider name is listed as your PCP, you will be asked to change the name to Tehmina Sami M.D.'s name before you are seen. Bring your insurance card to EVERY visit.
- If an account is not paid in full within 90 days, a 25% collection processing fee will be added to the outstanding balance and will be turned over to a collection company for further processing. No additional appointments will be made for delinquent accounts until they are brought current.
- Checks returned for any reason will be assessed a \$35.00 service fee in addition to the amount of the check.
- We attempt to contact every patient to remind them of their appointment; however, Sugar Land Physicians Family Medicine reserves the right to charge a no-show fee for patients who miss appointments without calling to cancel within 24 hours of the appointment. The current no-show fee is \$35.00 and is subject to change without notice.

I have read the financial policies contained above, and my signature below serves as acknowledgement of a clear understanding of my financial responsibility. I understand that if my insurance company denies coverage and/or payment for services provided to me, I assume financial responsibility and will pay all such charges in full.

I hereby authorize the physician to release any and all information necessary concerning my diagnosis and treatment for the purposes of securing payment from my insurance company; and thereby authorize payment of the insurance benefits directly to the physician for any services rendered that are not paid for directly by myself.

BY SIGNING BELOW, I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE FOLLOWING POLICIES.

I ACCEPT THE RIGHTS AND RESPONSIBILITIES OUTLINED WITHIN THEM:

- Patient Financial Responsibility including collections, no-show policy
- Office Policies and procedures

\_\_\_\_\_  
Signature of Patient /Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient/Responsible Party (please print)

\_\_\_\_\_  
Relationship to Patient