

Elena Gurova, MD, PA

BOARD CERTIFIED INTERNAL MEDICINE

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FINANCIAL POLICY

We accept payment by cash, check, VISA, MasterCard, American Express and Discover. It is your responsibility to provide us with your most current insurance information. If you fail to provide accurate insurance information in a timely manner, your insurance company may deny the claim. If the claim is denied, you will be financially responsible for services rendered.

It is your responsibility to know and understand the level of services covered by your insurance company. Some services provided may not be covered in full by your insurance company. You are financially responsible for services not covered by your insurance company.

We charge what is usual and customary for our area. Copayments, coinsurance and/or deductibles are due at the time of service. We will estimate the amount you owe based on information we receive from your insurance company.

If you have any questions about your bill, call us at: **817-645-5915**

If You Have...	You Are Responsible For...
HMO & PPO plans with which we have a contract	If the services you receive are covered by the plan: All applicable copays and deductibles are requested at the time of the office visit. If the services you receive are not covered by the plan: Payment in full is requested at the time of the visit.
HMO with which we are <u>not</u> contracted	Payment in full for office visits, x-ray, injections, and other charges at the time of office visit.
Medicare	If you have Regular Medicare, and have not met your \$120 deductible, we ask that it be paid at the time of service. Any services not covered by Medicare are requested at the time of the visit. <u>If you have Regular Medicare as primary, and also have secondary insurance or Medigap:</u> No payment is necessary at the time of the visit. <u>If you have Regular Medicare as primary, but no secondary insurance:</u> Payment of your 20% copay is requested at the time of the visit.

If you fail to make payments as agreed upon, your account may be referred to a professional collection agency. You will be responsible for all collection costs incurred, including attorney's fees and court costs if applicable. If your account is assigned to a professional collection agency, you will be notified by certified mail that you will no longer be able to receive services from Elena Gurova, MD PA. Failure to accept this certified letter serves as notice of termination of services.

In the event you submit payment by check and the bank returns the check unpaid for any reason, we will add \$25.00 to your original balance. In addition, we may seek all additional legal remedies provided to us under Texas law.

I have read, understand, and agree to the above Financial Policy. I authorize the payment of medical benefits to Elena Gurova, MD PA. I understand that I am ultimately responsible for all services whether covered by insurance or not.

Date

Signature

Printed Name