

**Dallas - Ft Worth Sarcoma Group, P.A. / Jorge Casas-Ganem, M.D., P.A.
Financial Policy/Consent to Treat**

Do you have a secondary insurance or more than one insurance(circle)- Yes or No

Payment

Payment is due at the time of service. If you have insurance, your co-pay and/or deductible along with any co-insurance amount will be collected prior to your seeing the physician. For all services rendered to minor patients, we will look to the adult accompanying the patient and the parent or guardian with custody for payment. For all services rendered on an in-patient basis (hospital or surgery) an estimate will be given to the patient prior to services and a deposit will be collected prior to any services performed. We accept American Express, Visa, Mastercard, Discover, cash and checks.

Insurance

If we are a participating provider for your insurance company we require you to first meet your copay, deductible, and/or any part that your insurance does not pay at the time of service. Most misunderstandings about insurance can be avoided if you understand what your policy provides. If your insurance company chooses not to pay Dallas-Fort Worth Sarcoma Group, P.A. / Jorge Casas-Ganem, M.D., P.A. for whatever reason or they choose to delay payment, YOU will be responsible for payment. If payment is not received within 45 days from your insurance company, you will become responsible for the outstanding balance. Our office will assist you, as our patient, in filing your claims that we are contracted with and after obtaining all insurance information needed from you. We ARE NOT responsible for your insurance or YOUR bill.

Assignment of Benefits-I hereby authorize Dallas-Fort Worth Sarcoma Group, P.A. / Jorge Casas-Ganem, M.D., P.A. and associates all payment for surgical and medical services rendered to myself or dependent. I understand that I am responsible for any amount not covered by my insurance.

Medicare Assignment-I hereby request that payment of authorized Medicare Benefits be made to Dallas Fort Worth Sarcoma Group, P.A. / Jorge Casas-Ganem, M.D., P.A. and associates for services provided.

Out Of Network Insurance

If you have insurance coverage with a plan that we do not have a prior agreement with we will prepare a statement with all information needed for you to file with your insurance company. Therefore our charges for your care and treatment are due in full at the time of service; this includes surgery.

Insurance Carriers Requiring Referral Numbers(POS, EPO, HMO, Medicaid)

If your insurance carrier requires you to have a referral number prior to your seeing a specialist, our office must be in receipt of the referral number before your arrival. If we do not have this upon your arrival, your appointment will be rescheduled to a later date.

Returned Checks

There will be a \$25.00 charge for all returned checks. If a check is filed with the DA's office for collection, all fees incurred in the filing will be your responsibility as well. After any check has been returned for Non-Sufficient Funds, payments to our office will be on a cash basis only.

Out-Patient Procedures Ordered

Patients are financially responsible for any out-patient procedure(s) ordered by their physician, including CT scan and/or MRI scan to be done at Quantum Diagnostic Imaging Center. As you are ultimately responsible for what your coverage is and requires, we suggest you contact your insurance carrier to verify your benefits and pre-authorization requirements prior to having the procedure done. At the time of the procedure at Quantum Diagnostic Imaging Center, you will be required to pay any portion owed at the time of service; this includes any deductible and/or co-insurance as required by your insurance policy. Our office will not be responsible for your charges.

Assistant At Surgery

As Dr.' s Maale/Casas usually requires an assistant during surgery, a separate bill for our assistant will be sent to all insurance plans. You will be responsible for any deductible/co-insurance as required by your policy. If you have no insurance: in addition to Dr.'s Maale/ Casas fees, 16% of Dr.Maale's total charges will be required by you to pay prior to your date of surgery for our assistant at surgery.

Consent to Treat

I hereby grant Dallas-Fort Worth Sarcoma Group, P.A. / Jorge Casas-Ganem, M.D., P.A. and its associates the authority to treat and examine me/my dependent, and order the examination, tests, treatment and other clinical services necessary for my care and treatment.

I have read and understand the financial policy of the practice and I agree to be bound by its terms, until further notice. I also understand and agree that such terms may be amended from time-to-time by the practice.

Patient Signature/Parent for minor/Power of Attorney

Date

Witness to signature

Print Name of Patient

If the patient is unable to sign, state reason: _____