



James W. Douglas, M.D.
Board Certified
Reproductive Endocrinology
Obstetrics Gynecology

Dear Patient,

Our office is delighted to have the opportunity to serve you. We understand that your insurance coverage is a PPO/HMO. In order to begin our relationship in a manner which your managed care program dictates, this page outlines some of the financial and procedural steps required by your insurance plans.

You must pay any co-payment or deductible at the time of service, unless other arrangements have been made previously with our office. **We accept Cash, Checks, MasterCard or Visa.** The remainder of your bill will be sent to your insurance company for direct payment to our office.

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

1. **This is a pre-existing condition which they do not cover.**
2. **You have not met your full calendar year deductible.**
3. **Infertility is not a covered benefit.**
4. **The insurance was not in effect at the time of service.**
5. **You have other insurance which must be filed first.**

If your PPO/HMO insurance denied your claim for any of the above, or for any other reason, you will be responsible for your bill. Also, should your employer financially be unable to pay your insurance premiums then you become the responsible party. It is the responsibility of the patient to pay any denied charges in full.

Most insurance plans must have pre-authorization for all infertility related services that are eligible. **Referrals** for visits and **pre-certifications** are the responsibility of the patient. It is your responsibility to provide a current referral prior to beginning any cycle.

Also most insurance companies require their members to use certain laboratories for diagnostic tests. It is the patient's responsibility to know and inform our office **which laboratory is contracted** with their insurance company. If any charges are denied because the wrong laboratory was used because you failed to inform us of your contracted laboratory, you will be responsible for the denied lab tests. If your insurance company requires you to use a **specialty pharmacy** for your infertility medications, please provide us with the appropriate paperwork or fax number to expedite your prescriptions.

According to the rules of the Texas State Board of Medical Examiners the fee for **Medical Records** is \$25.00 for the first twenty (20) pages of medical records then \$.15 per page thereafter. We will be happy to copy your records for a flat rate of \$25.00. A Medical Record release form along with the fee must be completed prior to records being copied.

After hours calls must be limited to emergencies only. Non-emergency issues such as prescriptions, instructions and test results must be taken care of during normal business hours. Non-emergency after hours calls will be subject to a \$35.00 fee. *This fee will not be waived or billed to your insurance.*



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

Sincerely,
James W. Douglas, M.D. and Staff

I HAVE READ THE ABOVE AND UNDERSTAND MY FINANCIAL OBLIGATIONS UNDER THIS PPO/HMO ARRANGEMENT AND WILL BE FULLY RESPONSIBLE FOR PAYMENT OF ANY AND ALL MEDICAL SERVICES DENIED BY MY INSURANCE COMPANY.

_____ (PATIENT SIGNATURE)

****Please print off this form and bring a signed copy to your first appointment****