



MEDICAL
— and —
SURGICAL
CLINIC of
IRVING

**ALLERGY, IMMUNOLOGY
& RHEUMATOLOGY**

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CARDIOLOGY

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ENDOCRINOLOGY

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FAMILY PRACTICE

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DIANNA GARCIA, PA-C
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STEFANIE LEE, PA-C

GASTROENTEROLOGY

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HEMATOLOGY/ONCOLOGY

GERALD EDELMAN, MD, PhD

INTERNAL MEDICINE

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SARAH T. ALLEN, PA-C

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& INFERTILITY**

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ARNICO VAIL, RN, PNP

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**Medical and Surgical Clinic of Irving, P.A.
Financial Policy**

We appreciate your trust in us and the opportunity to serve you. As a part of our practice, we try to offer efficient and helpful billing services. To this end, we ask you to read the following statement of our financial billing policy. Please sign it prior to your exam or treatment.

Participating Plans

Please bear in mind that it is your responsibility to pay as a deposit any deductible amount, co-insurance, co-pay or any other balance not covered by your insurance company prior to receiving services. Even though we assist you in receiving reimbursement from your insurance company, please understand that you, the patient, ultimately have the final responsibility of your bill. Additionally, we cannot waive copays for our patients since this is an insurance plan requirement.

Self Pay

All self-pay patients are required to pay in full on the day of their scheduled exam or procedure.

Cancellation of Scheduled Procedures

Our office requires 24 hours notice when canceling a procedure / surgery. There is a \$20 charge for missed appointments. Any appointment rescheduled with less than 4 hours notice is subject to the \$20 fee.

Payments

Bills will be issued after the insurance company pays its portion of the bill. We do require all guarantors to provide their social security numbers during patient registration. Balances are due in full 30 days of when the bill is issued to you. We do not have the ability to carry patient balances over any extended period. We accept cash, checks, and credit cards as forms of payment. We also offer Care Credit, a patient payment plan, which is subject to credit approval.

Our practice is committed to providing the best care for our patients. Our charges are within the usual and customary range for this area.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read, understood, and agreed to this Financial Policy.

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