

JB Internal Medicine

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FINANCIAL POLICY

We are dedicated to providing you with the best possible care and service, and regard your understanding of our financial policies as an essential element of your care and treatment. To assist you, we have the following financial policy. If you have any questions, please feel free to discuss them with our staff.

Unless other arrangements have been made in advance either by you or your health coverage carrier, **full payment is due at the time of service**. For your convenience, we accept checks, cash, Visa, Mastercard, and Debit cards.

YOUR INSURANCE

We have made prior arrangements with many insurers and health plans. We will bill those plans which we have an agreement with and will collect any required copayment at the time of service. **In the event your health plan determines a service to be "not covered", you will be responsible for the complete charge. We will then bill you and payment is due upon receipt of our statement. "Not covered" services may include well woman exams, paps, physicals, EKGs, etc. It is also your responsibility to be aware of your deductible amount. Please call your insurance company and know your benefits.**

If you have insurance coverage with a plan which we do not have prior agreement, charges for your care and treatment are **due at the time of service**. You will be given a receipt to file the insurance on your own.

We will also bill your health plan for all services that we provide in the hospital. Any balance due is your responsibility and is due upon receipt of a statement from our office.

Our office will see patients age 16 years and older. For all services rendered to minor patients, the adult accompanying the patient is responsible for payment.

I have read and understand the financial policy of JB Internal Medicine, and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.

Signature of patient: _____ Date _____