



Practice Representation & Financial Policies

Practice Representation:

Plastic and Hand Surgeons of Katy PLLC (PHS) is managed by and maintains a licensing agreement with The Hand & Plastic Surgery Center of Katy PLLC. Accordingly, PHS assumes the name The Hand & Plastic Surgery Center of Katy. I understand that any services rendered by the practice will be under the auspices of PHS and will hold harmless The Hand & Plastic Surgery Center of Katy PLLC for any liability or action of PHS.

Assignment of Benefits:

I hereby authorize the physicians and staff of Plastic and Hand Surgeons of Katy PLLC to render services to me or my dependents. I further authorize Plastic and Hand Surgeons of Katy PLLC to release my Protected Health Information by phone, email, or fax for purposes of treatment, payment, or procedures. I assign and authorize payment of medical or surgical benefits directly to Plastic and Hand Surgeons of Katy PLLC. I agree to forward to the practice, upon receipt, any insurance or third-party payments I directly receive for services rendered to me or my dependent.

Financial Policy:

- Co-pays are due at the time of service.
- If I do not have insurance or the physicians do not participate in my insurance plan, payment in full is expected at the time of my visit.
- Any unpaid balances or non-covered balances will be my responsibility.
- An account will be considered delinquent and referred to collections if a balance is more than 120 days past due and the patient has not made any payments or contacted the practice about financial hardship.
- In the event that my account is referred to an attorney or agency for collections, I may be held responsible for reasonable attorney fees and court costs.
- Returned checks will incur a \$25 charge.
- We require 24-hour advance notice for appointment cancellations. There is a \$20 charge if notice is not given or if you do not show up for your appointment. For cancelling surgery, there is a \$150 charge if 24-hour notice is not provided.

For billing questions, please contact the office at 832-232-4263 to speak with the billing specialist.

By my signature, I acknowledge that I have read and understand the above information. If the patient is a minor, the responsible party is required to sign below.

Patient Name: _____

Signature: _____ **Date:** _____