

J. MICHAEL PUTMAN, M.D. & ASSOCIATES
ADVANCED GYNECOLOGIC ENDOSCOPY

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PAYMENT POLICY

The following information is provided to avoid any misunderstanding concerning payment for professional services.

- Prompt payment allows us to control costs. Therefore, all patients will be required to pay for services as rendered.
- It should be mentioned that your insurance coverage is an agreement between you and your insurer. It is your responsibility to remit payment for charges not covered by your claim and ensure your carrier remits payment. If a problem occurs with your claim, you will be required to establish written financial arrangements with our practice until your insurance problem is resolved.
- Each month you will receive a statement for services which will be due and payable within 30 days. If you need to discuss your account, please call our practice manager at: 214 823-2693 x 113.
- All patients refusing to remit payment after 60 days of notice without pending insurance or financial arrangement will force us to limit their future credit until the previous balance is paid in full or written financial arrangements are accomplished. All patients will be required to sign a written legal agreement with our practice to alleviate any current delinquency. Please notify us immediately if a mistake appears on your statement.
- **Laboratory Charges that are not part of the Insurance Plan**

I am aware that the laboratory that contracts with my insurance company is unable to provide some services that are needed during my current treatment. I understand that I am personally responsible for these lab charges at the time of service. I will be informed of the costs and **agree to pay for these tests**. I further understand that my insurance company will not refund these charges.

Signature

Date

Our practice firmly believes that a good doctor/patient relationship is based upon understanding and open communications. We will make every effort available to you to clarify any misunderstanding you have concerning your balance