

Texas Electrodiagnostics PLLC

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Financial Agreement

Thank you for your visit with Texas Electrodiagnostics PLLC and trusting us to help you with your health care needs. The purpose for the financial agreement is to answer any questions related to patient and insurance responsibility for services rendered. We ask that you read this carefully and if you have any questions please ask our staff or billing service for assistance. Please sign where indicated acknowledging your acceptance and understanding of this agreement. You will be given a copy of this agreement for your records.

Insurance

Your insurance coverage is a contract between you and the insurance company, and it is your responsibility to know your insurance benefits. As a courtesy, we will bill your primary, secondary, and additional insurance companies (as applicable) provided we are given accurate information at the time of your visit and when requested. We will submit your claims and assist you in any way we reasonably can to help get your claims processed. If information is not supplied to us or your insurance company, you will be billed, and payment in full will be your responsibility and will be expected within 30 days of receipt of statement.

Medicare

We are a Medicare participant. You are responsible for your co-insurance, any deductibles that have not yet been met, and services that are identified as patient responsibility on your Medicare Explanation of Benefits. We strive to inform our Medicare patients of services that will not be covered.

Managed Care

Many patients are enrolled in Managed Care Products. In order for us to obtain referrals and/or pre-authorizations for procedures, it is important that we have your current insurance information. Depending on individual policies, your procedure may not be a covered benefit. It is your responsibility to check for optimal coverage and policy limitations, and to obtain referrals as required by your insurance company. Please contact your insurance company with questions regarding your coverage.

Patient Responsibility for Payment

You are responsible for payment of any co-payment, co-insurance, deductible or service not covered by your insurance, handling, collection or attorney fees. If you do not have insurance, you are responsible for payment of all services. Co-payments, deductibles, and/or coinsurance are due at the time of your service. Patient due balances noted on your monthly statement are due upon receipt. Charges for minor children will be billed to the parent with whom the child resides. A minor is considered to be any person under the age of 18.

