

Patient Agreement & HIPAA Acknowledgement

Welcome: We hope this information will be helpful. We want to make your visit as comfortable as possible. You will see the surgeon himself each time you are here. Please provide us with your insurance card, driver's license, and your preferred pharmacy. Please make us aware of any changes.

Late Policy/ No-Shows: We try to see emergency patients on a same day basis, and for every broken appointment, another injured or sick patient is turned away. Because we do **our** best to stay on time; if you are going to be more than 10 minutes late, we **must** reschedule you, so you don't cut into the next patient's time with the surgeon, further delaying him for all the patients that follow. We respect your time and ask you to do the same. Patients who repeatedly break appointments prevent us from helping others, and may be discharged from the practice. Please note, this is a **surgical** practice, and on occasion Dr. Humeniuk ('human-neck') may be called away from the office and needed for emergency patients. If this happens, we will make every effort to notify and reschedule you as soon as possible.

Patient Payment: Your **specialist** co-pay, deductible, co-insurance or any unpaid balance will be collected at time of service. Past due accounts accrue an additional \$11.00 monthly statement fee and may be pursued by our billing service to the fullest extent allowed by law. Failure to keep an account current may result in the patient being discharged from the practice.

Medical Insurance: Regardless of insurance, payment is always your responsibility. When we file insurance claims on your behalf, we allow 45 days for your insurance to pay your claim in full, as set by law, before it becomes due from you. Without prior approval from your insurance company for tests, therapy, or surgery, you are responsible for costs in full. Prior to office visits and surgery, we verify your insurance benefits and collect what your insurance company **requires** us to collect. Your insurance may **not** cover the full cost of your treatment and anything not covered by your insurance is due from you. Most misunderstandings about insurance can be avoided if **you** understand what **your** policy does **not** cover. We are not part of, nor do we have access to your insurance policy. Your insurance company will send you an explanation of benefits (**EOB**) which tells you what you owe the surgeon. They may even require additional information from you in order to process your claim. If you have any questions on how your benefits were processed, contact your insurance company. If your insurance mistakenly sends you our payment, please forward the check to us immediately.

We do NOT file secondary insurance. We do NOT bill auto or third party liability insurance.

Referrals: If your insurance company requires a referral, it is **your** responsibility to ensure it is in our office 24 hours before your appointment. Any office visit or treatment rendered without your insurance company's required referral is **not** covered, and must be paid in full by you.

Patients With-Out Insurance: Pay regular office and surgical charges prior to seeing the surgeon.

Surgeon's Fees Our fees are separate from the anesthesiologist and hospital's fees; which are **not** handled by this office. For surgical charges, insurance companies do not guarantee their contracted rates until the claim is processed. Many insurance plans classify procedures such as fracture care, cast and splint applications, durable medical equipment and injections in the same category as minor surgery. Therefore, these claims may be processed using surgical benefits, and may require payment from your deductible and/or co-insurance. We require the surgeon's fees two business days before surgery.

Test Results: When your treatment requires labs, X-rays, CTs, MRIs, or bone scans; please make a follow-up appointment. Remember to bring the CDs with you to the appointment so the doctor can go over them with you and answer any questions you may have.

Telephone Calls: We encourage you to call with any health-related questions. However, it would be most unfair to all patients if the doctor left the treatment rooms for every phone call. Your call is important and any non-emergency call will be returned by the surgeon within the next two business days.

Medications: Please let the front office know the pharmacy you prefer to use. For refills have your pharmacy call the office.

Fees for Medical Records, Forms, Disability Papers and FMLA papers: Per Texas law; there is a charge for any form that our office must complete or any letters we write. All fees must be received 7 business days in advance. Medical records are **\$25.00 for the first 20 pages and \$0.50 per page thereafter**, plus any mailing charges. Affidavits, disability, FMLA and all other forms are **\$15.00** also set by Texas law.

AUTHORIZATION

I certify that the medical insurance information reported to this office is accurate. I understand this office will not extend credit on, nor submit a claim for any insurance not reported at time of service. I authorize the release of any information including the diagnosis and the records of any treatment or examination rendered to me or my dependent during the period of such care to third party payors and/or other health practitioners. I authorize and request my insurance company to pay directly to W. Barry Humeniuk MD, PA insurance benefits otherwise payable to me. I agree to be responsible for payment of all services rendered on behalf of myself or my dependents. In the event of default on payment of this account, I agree to pay any and all lawful collection costs and attorney fees incurred in attempting to collect on this balance, or any future outstanding account balances.

I (*Print Name*) _____; do hereby affirm that I have read and understand the above office and financial policies. I understand that I am financially responsible for all medical fees incurred during my treatment with W. Barry Humeniuk, MD, PA, regardless of insurance coverage or benefits. Also, I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed.

(Signature of Patient or Guardian)

(Date)

07/19/23