



FINANCIAL POLICY

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Dear Patient:

Thank you for choosing us as your health care provider. Our main concern is that you receive the proper and optimal treatment needed to restore your health.

We ask that all patients read and sign our Financial Policy as well as complete our Patient Information prior to seeing the physician. If you have any questions or concerns about our payment policies, please do not hesitate to ask our office manager.

Your co-payment is due at the time services are rendered. We accept cash, check, and at your convenience, Visa and MasterCard.

As a courtesy to you, we will be happy to file your insurance claim for reimbursement as long as you bring your insurance card with all information. It is your responsibility to provide us with correct up-to-date insurance information. However, you must understand that:

- Your insurance policy is a contract between you, your employer and the insurance company. We are NOT a party in that contract. Our relationship is with you, not your insurance company. We will do what we can to assist you but it is your responsibility to understand your healthcare network, and which physicians and healthcare facilities you may use.
- Not all services are covered benefits in all contracts. Those not covered will be your responsibility. Please check with your insurance company.
- Co-payments and unpaid deductibles are due at the time of treatment.
- You may pay your balance with cash, check, MasterCard or Visa.

We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problem so we can assist you with the management of your account.

Again, thank you for choosing us as your healthcare provider. We appreciate your trust in us and the opportunity to serve you.

Patient Signature

Date