Healing Arts

Community Health Center
of Blanco and Canyon Lake
4520 Highway 281 S.
Blanco, TX 78606
(830) 833-0510

It is our goal to create a pleasant experience for our patients and avoid misunderstandings regarding financial responsibilities. Charges for office visits are determined by the complexity and severity of the problem or by the time spent with you. Your Healing Arts provider (physician, nurse practitioner, acupuncturist or massage therapist) and our front office staff will be happy to discuss fees with you.

OUR RESPONSIBILITY is to assist you in understanding the provisions and limits of your insurance company and to accurately file claims in a timely manner. We will verify benefits but cannot guarantee that your insurance will pay as quoted. Check your statement carefully when you receive it. The more promptly you advise us of an error, the more promptly we can correct it.

YOUR RESPONSIBILITY is to pay that portion of your bill for which you are responsible at the time of each visit. This helps us to keep our charges as low as possible. Each time you visit our office, please bring ALL health insurance information with you. You must provide a copy of your private insurance, Medicaid and/or Medicare insurance cards to process your claim. It is ultimately the patient's responsibility for payment of services even if the insurance denies the claim or does not pay as expected. Please contact your insurance company directly if you have questions. You are responsible for any services which are not covered, as well as the deductible and/or co-payment amounts. We request that you be knowledgeable regarding your benefits, co-pays, deductible and co-insurance amounts. You may pay by cash, pre-approved check, or MasterCard/ Visa/ Discover. (Please initial)__________

If you become eligible for Medicaid at any time, we do not bill retroactively and do not refund payments already made.(Please initial)__________

I, (print name)____ hereby certify that I am eligible for health plan coverage with

____ (insurance company).

I understand that if the above is not true or if I am not eligible under the terms of my medical subscriber health insurance, I am liable for all charges for services. .(Please initial)_________

Assignment of Insurance Benefits: In consideration of services rendered, I hereby transfer and assign all rights of payment due to me for medical and/or surgical services under any policies of insurance. A photocopy of this Assignment shall be considered as effective and valid as the original.

Returned Checks: There is a fee of $30 for a check that has been returned by the bank.

Missed Appointments: A fee for a missed appointment may be levied against your account. The charge for not rescheduling or canceling an appointment is $25.

Waiver of Confidentiality/Collections: If your account is to be submitted to an attorney or collection agency because of past due status, your treatment may become a matter of public record. If no payments have been received after 90 of issuing the statement, the account may be turned over to a collection agency. If your account has not been brought current within 120 days, your care with the physicians, practitioners and caregivers at this practice may be terminated.

Complaints: I authorize Healing Arts Community Health Center to initiate a complaint to the Insurance Commissioner on my behalf regarding claim payments.

Patient or Responsible Party Signature___________________________ Date __________________________