



**NARCISA A. DUSA, MD**

INTERNAL MEDICINE

6300 W. Parker Rd • MOB 2 Suite 222 • Plano, TX 75093  
888-5DR-DUSA • 972-981-7270 • 972-981-7271 Fax

www.DrDusa.com

## Practice Information and Office Policies

Dear Patient,

**I would like to warmly welcome you to my practice.** I hope that the care that you will receive from me is going to be truly *exceeding* your expectations! I would like to introduce you to my practice and explain what my office policies are.

### Scheduling

Appointments are scheduled so I can devote all of my attention to you during scheduled visits. As a courtesy to me, the office staff, and other patients, I am asking that you schedule your appointment when you are certain that you will be able to keep it—and arrive 15 minutes before the scheduled time. This way the receptionist will verify that your address, insurance and other pertinent information are up to date. You might be asked to provide your insurance card and your driver's license at each visit.

### Failure to Keep Your Appointments or Arriving Late

If you cannot keep your appointment, we ask you to give my office a 24 business hours notice. A fee of \$25 will be charged for a no-show appointment. If you have 3 no-show appointments I will have to recommend you find another doctor for your medical needs.

### Payment Policy

If you have insurance, you have to understand that your insurance policy is a contract between you and your insurance company. It is important for you that you understand its provisions. The payment for my rendered services is ultimately your responsibility.

My office will file claims for the managed care (HMO, PPO and other managed care) patients. However, all managed care co-payment and/or deductible and coinsurance amounts are due at the time of service. Reduction or rejection of your claim by your insurance company does not relieve the financial obligation you have incurred. My office will attempt to verify coverage, although that is not a guarantee of payment until insurance has processed the claim. Any disallowed/uncovered amounts are due from the patient. It is your responsibility to make sure that **Narcisa A. Dusa, MD** is in your managed care network.

I accept assignment and will file insurance for Medicare patients. However, any calendar year deductible amounts (to the extent of the visit amount) are due at the time of the service. I will also file secondary insurance payment after payment from Medicare if secondary insurance exists.

There will be a twenty-five (\$25) fee assessed for any returned check. This fee is assessed regardless of whether the check is re-deposited because the bank has already charged us a fee for the returned item. You will subsequently receive a bill for this amount. Payments will be expected in the forms of cash, money order, Visa or MasterCard. After receiving a returned check we will no longer accept check payments on any future visits not to exceed five years.

If you are a self pay patient and you pay in full at the time of the visit, I might be able to give you a discount.

If you are owed a refund, all claims must be processed and paid in full before overpayment is refunded.

For all accounts balances in excess of 90 days past due a late fee of \$50.00 will be added to the balance (even if the payment delay is due to the insurance company). It is your responsibility to make sure I received payment for the services rendered. However, due to dire circumstances, should you be in impossibility of payment, please contact my office before 90 days to arrange a payment schedule.

**Extra Fees**

If it is necessary to contact your insurance company to request special authorization for medications, procedures or supplies that are outside your plan, an extra fee will be assessed, and presented to you before proceeding.

Also there will be fees associated with any extra paperwork you request from me. These fees will be presented to you before proceeding.

**Pre-certification of Hospitalization**

I must be notified within twenty-four (24) hours of any hospital admit so that I may pre-certify your hospital visit/stay. Failure to do this may result in reduction of benefits. I will not be responsible for any reduction of benefits if this is not done.

**Referral Authorization**

When referred to a specialty care provider, it is your responsibility to verify that the physician or facility is in your insurance network.



**Authorization**

I authorize release of medical records to determine liability for payments or treatment, and to obtain reimbursement. I assign all medical benefits for office visits stays to **Narcisa A. Dusa, MD** and/or Hearst Medical.

This assignment will remain in effect until revoked by me in writing. A photocopy of this document will have the same validity as the original.

---

Patient's Signature

Date

---

Please Print Name Here