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Specialists in:
Arthritis
Carpal Tunnel Syndrome
Fibromyalgia
Low Back Pain
Tendinitis
Bursitis
Connective Tissue Disease
Gout
Osteoporosis
Vasculitis

Financial Policy and Billing Procedures

Arthritis Centers of Texas is a Medicare participating provider. In addition, we participate in many private insurance networks. If you are covered by Medicare or one of the private networks that we participate in, we will file your claim directly to your insurance carrier or Medicare for payment.

Payment of all estimated patient out-of-pocket expense (co-pays, deductible, co-insurance, etc.) is required at the time of your office visit. Please come prepared to make payment of these amounts. We accept cash, personal checks, Visa, and MasterCard. Your insurance policy is a contract between you and your insurance company. The ultimate responsibility for payment of services rendered rests with you the patient or guarantor.

If your insurance carrier requires you to have a referral from your primary care physician, **it is your responsibility to make sure that the referral information and referral number is received in this office from your primary care physician prior to your office visit.**

If you do not have Medicare or private health insurance, we may still accept you as a patient. In such situations, payment in full may be made at the time of service. Please be aware that total charges can range from several hundred dollars to several thousand dollars, depending upon the services provided in addition to the office visit (lab, x-ray, imaging, etc.)

Arthritis Centers of Texas is not a Medicaid participating provider and does not accept Workers' Compensation. **If you are in litigation or claiming a work-related illness, you must pay 100% of charges at the time of service.**

I have read and fully understand the above. I authorize the release of all Medical Records for the purpose of payment of insurance and/or Medicare benefits to my insurance company and to my other physicians. I understand and guarantee that I am financially responsible for all charges not covered by Medicare and/or insurance.

Signed

Date

Name Printed