



# Thomas J. Parr, M.D., F.A.C.S.

## Orthopedic Surgery and Sports Medicine

### BILLING, PAYMENT, & CHARITY CARE POLICIES

The purpose of this document is to eliminate confusion about our payment and collection policies.

#### PAYMENT IS DUE AT THE TIME OF SERVICE:

Unless prior arrangements have been made, we expect payment at the time of visit. We accept cash, check, Mastercard, Visa, and American Express.

#### RETURNED CHECK FEE:

Any returned checks are subject to a \$20.00 service fee and must be resolved as soon as possible.

#### PPO NETWORK OFFICE CHARGES:

If we are a participating provider for your insurance company's PPO/HMO network, we will file for your office visits in accordance with the requirements of your insurance company. Co-pays and deductibles (if applicable) are to be paid at the time of visit. If your insurance company decides to hold payment to us until they receive "additional information" from you, it is your responsibility to provide that information to your insurance company immediately. They are looking for ways to delay or to deny payment for your medical/surgical care. Statements will be sent for any remaining balance after your PPO plan pays its share (or declines to pay), and payment for the remaining balance is due upon receipt of the statement. If you are unable to pay the entire balance, please contact our office immediately to set up a payment plan. The minimum monthly payoff rate is established by the outstanding account balance at the time the payment plan is implemented. As long as we receive a payment each consecutive month, no interest charges nor collective actions will apply. Our minimum monthly payments are:

ACCOUNT BALANCE	MINIMUM MONTHLY PAYMENT	ACCOUNT BALANCE	MINIMUM MONTHLY PAYMENT
\$0.00 - \$100.00	\$25.00	\$751.00 - \$1,000.00	\$175.00
\$101.00 - \$250.00	\$50.00	\$1,001.00 - \$1,500.00	\$225.00
\$251.00 - \$500.00	\$75.00	\$1,501.00 - \$2,000.00	\$300.00
\$501.00 - \$750.00	\$125.00	\$2,000.00 +	\$375.00

Failure to respond to three statements requesting payment will cause us to begin collective action with either a collection agency or an attorney, in which case you will be responsible for interest at the statutory rate prescribed by the State of Texas, as well as attorney fees and court costs. Bad debts are reported to the appropriate credit bureaus.

#### HOSPITAL AND SURGERY CHARGES:

We do file insurance claims for orthopedic care provided by Thomas J. Parr, MD, PA outside our office, including emergency care and surgery. You will be responsible for paying any balance remaining after your insurance company's payment is received or after 60 days from the date of service, whichever comes first (see above in PPO Network Office Charges for details). If you are scheduled for surgery, you should contact your insurance company as soon as you can. It is not possible for us to know all of the special requirements within each patient's unique health insurance policy in order to have the insurance cover the costs of surgery.

*Dr. Parr is a limited liability partner in FOUNDATION SURGICAL HOSPITAL and DOCTORS SURGICAL CENTER.*

[www.tomparrmd.net](http://www.tomparrmd.net)

14090 Southwest Freeway, #130; Sugar Land, TX 77478 Telephone: (281) 491-7111

**MEDICAID AND WORKERS COMPENSATION PROGRAMS:**

Dr. Parr is not a provider for either the Texas Medicaid Program or the Texas Workers Compensation Programs. Payment is expected at the time of visit.

**MAILING STATEMENTS:**

We will mail you a detailed statement of all charges, payments, and any legal or contractual adjustments, along with payment envelopes once we are able to establish what your responsibility is after settlement is made by your insurance company or if we are unable to obtain payment from your insurance company within a reasonable length of time, depending upon the circumstances. The amount you will be expected to pay will be clearly indicated. Payment will be expected within 30 days of receipt. Failure to respond to three statements requesting payment will cause us to begin collective action with either a collection agency or an attorney, in which case you will be responsible for interest at the statutory rate prescribed by the State of Texas, as well as attorney fees and court costs. Bad debts are reported to the appropriate credit bureaus.

**REFUNDS:**

Refunds will be made within 30 days of our discovery for accounts which have an overall credit balance.

**LEGAL THIRD PARTY LIABILITIES:**

We are not a party in any third party liability claims, such as automobile accidents, and therefore, we are not able to file claims for payment in such situations. We expect payment at the time services are rendered, and will give you appropriate receipts for such payment for your legal dispute.

**DIVORCE SETTLEMENTS:**

We are not a party in divorce settlements. The parent who brings a minor child for care will be the one responsible for paying us. If the other parent needs to reimburse you, we will give you a receipt as proof of your payment.

**CHARITY CARE:**

Since 1991, Dr. Parr has been a volunteer physician at the Shriners' Hospital for Children, and as such, he provides charity care to the patients at that facility on a regular basis. Because we are a small office, we are not able to do the required due diligence to verify other needs for charity care under normal circumstances. Therefore, charity care will be reserved for those with true financial hardship.

**PAYMENT & BILLING COMPLAINTS:**

Complaints should be directed to our business staff.

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