



Fadi Alameddine, M.D, F.A.C.C., F.S.C.A.I.  
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## FINANCIAL POLICY

**We will collect co-payments, deductibles, and co-insurances prior to services being rendered. This applies to all patients including those with health insurance plans, Medicare, and/or Medicaid. If a balance remains after an office visit, you will be asked to kindly make a payment in a subsequent visit, or we may bill you for the remaining balance.**

**In order to schedule a procedure, pre-payment is required and is based on your medical deductible and/or co-insurance. This is an estimate based on a contracted rate between the physician and the insurance company. Please be advised that the charges are only an estimate.**

**Collections of co-pay and/or co-insurance are mandatory prior to seeing the physician. Our office posts the co-insurance amounts based on an individual's explanation of benefits (EOB). If you have any questions regarding your insurance rates, please contact your insurance company as they will provide an accurate explanation. If you are unable to make payments on your remaining balance within 30 days, please contact our billing staff to make alternate arrangements. If payments are not received in a timely manner, your account will be subject to collections.**

**Please be aware that whether you have medical insurance or do not have medical insurance, you are ultimately financially responsible.**

**\*\*Please be advised that our office has a 24 hour cancellation policy, otherwise a no show fee will apply\*\***

**PATIENT SIGNATURE: \_\_\_\_\_**

**PATIENT NAME: \_\_\_\_\_**

**DATE: \_\_\_\_\_**