

Susan P. Epner, M.D.

Adult Neurology Board Certified

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FINANCIAL POLICY

Patient Name: _____ Date of Birth: _____

Thank you for choosing Susan P. Epner, M.D. Your clear understanding of our Financial Policy is important to our professional relationship. It is your responsibility to confirm your insurance benefits with us prior to your visit. We will inform you if the doctor is not a member of your network. If you do not have insurance, you are responsible for payment in full at the time of your visit with the doctor. Payment arrangement can be made prior to your visit if needed.

If you are a member of a Managed Care, PPO, or HMO with whom we contract you will be responsible for only your co-pay and/or the fulfillment of your deductible prior to your visit with the doctor. HMO members are responsible for the receipt of referral forms from their primary care physician for new and follow-up visits. If you do not have a referral you will be responsible for the cost of the visit or will have to reschedule.

If you have a commercial indemnity policy you are responsible for payment in full regardless of any insurance company's arbitrary determination of "usual and customary" rates. Insurance is a contract between you and your insurance company. We are not a party to this contract.

Medicare patients who do not have a supplemental or secondary insurance are responsible for their annual deductible and co-pay at the time of their visit.

If you need to cancel your appointment please notify us at least 24 hours in advance of your appointment. A \$35.00 no show fee will be assessed for failure to provide such notice.

Returned Checks: A \$30.00 returned check fee for insufficient funds will assessed.

Forms: The office will assess a \$10.00 fee for the first page and \$5.00 for each additional page of a form requiring the attention of our staff and/or physician.

We accept cash, check, VISA, MasterCard and Discover. Any questions regarding our billing policy or the status of your bill may be addressed by calling my billing department at 210-870-1980.

Signature: _____ Date: _____