



# Bryan Davis, M.D.

## FAMILY MEDICINE

P. O. Box 633870  
 Nacogdoches, Texas 75963-3870  
 Phone (936) 205-5949  
 Fax (936) 205-5953

### Financial Policy

**How may I pay?**

We accept payment by cash, check, Visa, MasterCard, Discover, and American Express.

**Do I need a referral?**

If you are covered by a United Healthcare or Cigna plan that requires you to be assigned to a PCP, and we are not your PCP, you will need to change your PCP to Dr. Davis. If you are unable to change your PCP to Dr. Davis, payment will be expected in full at the time of service.

**Which plans do you contract with?**

Blue Cross Blue Shield, Cigna, Aetna, and United Healthcare

**What is my responsibility for services?**

Your financial responsibility depends on a variety of factors

If You Have	You Are Responsible For	Our Staff Will
Blue Cross Blue Shield Cigna United Healthcare Aetna	All co-pays and deductibles at the time of service.	Call ahead of time determine deductible, co-pay, and co-insurance status on your policy. We will file the claim with the insurance company.
Non-contracted Commercial Insurance	Payment in full at the time of service.	Provide the necessary information for you to file your claim directly to your insurance company.
Medicare	Payment in full for most office services. Some in-office labs and injections will be billed to your Medicare. If you do not have a secondary policy that pays your deductible and co-insurance you will be responsible for the amount not covered by Medicare.	File your claim for you to be reimbursed for services you paid for. File Medicare and your secondary for services we accept assignment for.
No Insurance Coverage	Payment in full at the time of service.	If possible, give you an estimate of charges before services are rendered.

If you are not able to pay your portion at the time of service, you must speak with the office staff and make payment arrangements before you see the doctor.

All balances must be paid in full within 90 days. Balances not paid in full within 90 days are subject to collections. Once your account has been sent out for collection, your physician/patient relationship is subject to termination. If your relationship is not terminated, you and your family members will be treated on an emergency only basis until the account balance plus a 40% collection agency fee is paid in full. All future services will be provided on a cash or credit card only basis. No checks will be accepted.

If you have a balance on your account you are paying off, you must pay for future services in full at the time of service. You are only allowed to "charge one visit at a time.

There is a \$10.00 late fee for all co-pays not paid on the same date of service as your appointment.

There is a \$35.00 fee for returned checks. Any check not paid within 30 days is subject to be sent to the County Attorney's office, and your physician/patient relationship is terminated.

It is your responsibility to inform the staff of any change in your contact information, or insurance information. If you are unable to keep your appointment, you must call within 24 hours to cancel or reschedule. If not, you are subject to a \$15.00 no show fee.