Cheryl L. Howard, D.O.
Board Certified Neuromusculoskeletal Medicine
Osteopathic Manipulative Medicine & Family Practice

3100 Timmons Lane Suite 120
Houston TX 77027
(O) (713) 840-1177
(F) (713)621-2491

PAYMENT POLICY

I hereby assume full financial responsibility for and agree (regardless of my insurance status) that I am ultimately responsible for the full payment on my and/or my dependent's accounts for all charges for professional services rendered and medical supplies received.

Full payment is due at the time that services are rendered.

I understand that a medical insurance contract is a contract either between an individual and the insurance company or between the employer for whom the individual works or is affiliated and the insurance carrier. This contract does not involve a contract between the physician and the insurance carrier. Such a contract has been known to interfere with the doctor-patient relationship.

The office is therefore unable to accept payment from insurance programs. The patient will receive a copy of the "super bill" which has all of the necessary information for insurance processing. This is to be either submitted or transcribed on the individual insurance company forms. If further assistance is needed in completing the insurance forms, please contact this office.

Whether your insurance company pays in full, a portion, or no part of your medical bills is a matter between you and your insurance carrier.

This office is not responsible for the collection of your insurance claim or for negotiating a settlement on a disputed claim but will help out in the form of letters and explanations when necessary.

I agree that I am responsible for the reasonable fees that will be charged for any and all services and fees connected with investigation, litigation or collection.

I agree that I am responsible for customary bank fees charged for returned checks or for insufficient funds.

I permit a copy of this authorization and agreement to be used in place of the original.

Signature: ____ Date: _____________________