ROUND ROCK CARDIOLOGY

16010 PARK VALLEY DRIVE, SUITE 200

ROUND ROCK, TEXAS 78681

FINANCIAL POLICY

We appreciate payment at the time of service and will accept personal checks, VISA, MasterCard, American Express and Discover. Prompt payment helps keep both our costs and fees down. Payment will be collected at the time of arrival and you will receive a receipt of your payment.

Dr. Vinson shares your concern about the cost of Medical Care. We strongly believe that the best medical service is based on a friendly, mutual understanding between doctor and patient. We therefore invite you to frankly discuss with us any questions regarding our services. If you anticipate problems with your insurance coverage or personal payment, you are encouraged to contact our Office Manager. The earlier we know about a possible problem, the better we are able to develop suitable options for you.

AGREEMENT

This is an agreement between Round Rock Cardiology/Dr. Thomas C. Vinson, as provider and creditor, and the Patient named on this form. By executing this agreement, you, Patient, are agreeing to pay for all services that are received.

MONTHLY STATEMENT: If you have a balance on your account, we will send you a monthly statement. All balances are expected to be paid in full upon receipt of this statement. Payments not received within 15 business days of receipt of statement are considered past due and could be subject to late fees or interest penalties.

- **Private pay/uninsured** patients do receive a discounted rate. Payment is expected in full at the time of service and all quotes are an estimate of charges.
- **Insurance** is a contract between you and your insurance company. We will bill your primary insurance if you have provided correct information. Although we may estimate what your insurance company may pay, the insurance company makes the final determination of your eligibility. By signing this, you agree to pay any portion of the charges not covered by insurance. If the insurance does not pay within 60 days from the time services are rendered, the balance may be billed to you.

You will be responsible for promptly responding to your insurance company to provide any additional information they may request regarding your treatment, pre-existing conditions, and prior medical coverage. Failure to respond in a timely manner may result in your account becoming due and payable, in full, immediately.

- **Required Co-Payments**: Any **co-payment** required by an insurance company **must** be paid at the time of service by contract. We cannot bill you for these fees.
- **Past Due Accounts**: If your account becomes past due, we will take necessary steps to collect this debt. If we are forced to refer your collection balance to a lawyer, you agree to pay all lawyer fees which we incur plus all court costs.

FEES: **RETURNED CHECK FEE - $35.00**

MISSED APPOINTMENT/NO SHOW - $25.00

Medical Records - $25.00

Cancelled appointments (less than 24 hours notice) - $25.00

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Patient Name

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Signature

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Responsible Party (if not patient)

_____

Date

Updated 03/2026