

THE VEIN TREATMENT CENTER
WILLIAM P. KALCHOFF, M.D., PA
GRADY HALLMAN, M.D.

7731 Southwest Freeway, Ste 201
Houston, Texas 77074

Tel: 713-533-0535
Fax: 713-774-3258

FINANCIAL POLICY

Thank you for choosing us as your healthcare provider. The following is a statement of our financial policy, which we require you to read and sign prior to any treatment.

FULL PAYMENT AND/OR CO-PAYMENT OR PERCENTAGE IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, DEBIT, VISA, MASTERCARD AND AMEX.

As a courtesy to our patients we do file primary and secondary insurance for treatment.

You are responsible for payment in full regardless of any insurance company's arbitrary determination of usual and/or reasonable customary fees. The only exception to this is when we are a contracted provider for your insurance company and have a contracted fee schedule. Regardless of the amount your insurance company pays or the date they pay, payment of fees is due in full in 90 days from the date of service. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Any balance on your account is your responsibility regardless of whether your insurance company pays or not.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

Signature of Responsible Party

Date