

Kathryn J. Wood, M.D.  
5575 Warren Parkway, #208  
Frisco, TX 75034

**Office Hours**

Monday-Thursday 8:30am -5:00pm

Friday 8:30am-1:00pm

**Financial Policy**

**Payment at time of service**

Dr. Wood participates in most insurance plans and we will file your insurance for all plans for which she is a contracted in-network provider. We do require all co-payments, co-insurance and deductibles be paid in full at the time medical services are rendered. We do accept cash, checks, debit cards, MasterCard, Visa, American Express, Discover and Care Credit. This portion is based upon an estimate of your co-insurance/deductible and coverage, and any remaining balance due after your insurance carrier pays will be your responsibility. You will be billed and payment is due upon receipt. It is your responsibility to provide us with your most current billing address, telephone numbers and insurance information at each appointment. We also require the social security number of the patient or guarantor for collection purposes.

All account balances over 90 days will be sent to an outside collection agency. All accounts 60 days past due will be subject to a 3% finance charge assessed monthly until paid in full (not to exceed 6% annually). If you need to make special payment arrangements it is your responsibility to contact the office manager prior to your account being transferred to Transworld Systems for collection.

**Health Insurance Procedures**

It is your responsibility to bring your most current insurance card to each appointment. If there are any changes in your insurance information please bring this to our attention. If the wrong insurance is billed and your claim is denied you will be liable for **full payment**. Please be sure to contact your insurance company directly to ask any questions you may have regarding your coverage and benefits prior to your visit. Every policy is different and some labs and procedures may not be covered or may be subject to a deductible- it is your responsibility to know your benefit plan and what are covered and non-covered services. Our office will be glad to provide you with any information you might need.

If your claim is not paid in a timely manner or pended for information from the patient or for a pre-existing investigation, it is then the patient's responsibility to assist in resolving these claim issues.

**Appointment Cancellation Charge**

A charge of \$50.00 will be billed for no-shows or appointments cancelled without a minimum of twenty-four hours notification. If your appointment is scheduled on a Monday, you must notify our office on Friday of the cancellation. Please help us serve you better by keeping scheduled appointments.

**Prescription and Medication Refills**

To ensure that you have your medication when you need it, please contact your pharmacy and have them fax a refill request to us during regular business hours. **Refill request are handled only during regular business hours.** Request for antibiotics and certain medications will require an examination by Dr. Wood or one of her Nurse Practitioners. If you have any questions or concerns regarding medication, please call our office and ask to speak with the nurse or medical assistant.

My signature below represents my agreement with the above written policies.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date