



Dora Achille, DPM

Sean Luh, DPM

Flower Mound Office
3208 Long Prairie Road Suite B
Flower Mound, TX 75022
P: (972) 539-8488
F: (972) 874-1107

Bedford Office
2608 Harwood Road
Bedford, TX 76021
P: (817) 283-7288
F: (817) 283-7311

FINANCIAL AGREEMENT

Not all of the services we provide are covered by all insurance carriers. We make every effort to inform you if we believe a service may not be covered, however, it is your responsibility to know the coverage limitations and benefits of your insurance contract. Since we do contract with many insurance companies, it is impossible for us to know the requirements of each individual policy.

Your insurance policy is an agreement between you and your insurance company. You are responsible for knowing your insurance policy, its benefits and requirements. We do not determine the amount of coverage you will receive; only your insurance company can do this. Any questions concerning your benefits should be directed to your insurance company's Member Services Representatives. You can reach them by calling the Member Services number on the back of your insurance card.

For patients having any specimens sent out to a laboratory from our office, this includes swab cultures for infections in order to diagnosis and treat patient, biopsies of skin and nail for fungal conditions, as well as any other biopsies or aspirations sent to pathology for diagnostic purposes: We will provide the laboratories with your insurance information in order for them to file a claim on your behalf. You will receive an explanation of benefits from your insurance company and may receive a bill for an amount due directly from the laboratory. If you have any questions about the laboratory billing, please contact the phone number on the laboratory billing statement.

For patients undergoing outpatient surgery you will receive more than one bill or explanation of benefits from your insurance company. These will include but are not limited to the surgeon, facility, anesthesiologist and pathologist. All providers are provided your insurance information in order to file an insurance claim on your behalf. If you have any questions about a particular bill, please contact the phone number on the billing statement.

I agree that the parents, guardians, or personal representatives, of all patients under the age of 18, are responsible for all fees and services rendered for treatment. I accept full financial responsibility for all charges for services or items provided to me, to my minor child, or to the patient for whom I have legal responsibility.

I acknowledge and understand that filing a claim with my insurance company does not relieve me from my responsibility for the payment of all charges on my account.



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Please note, any copies of medical records, including radiology images taken in this office, will **not be billed to insurance and are **not** included in the cost of the office visit; each patient is responsible for the cost of medical records or images, should you need them.

In addition, any missed appointments and appointments cancelled on the same day or with little to no warning, will result in a \$35 No Show Fee charged to the patient's account.**

We thank you for your understanding.

Signature of patient or other responsible party

Date

Please print name of patient or responsible party

Relationship to patient