



**Southern Texas Physicians Network**

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**Financial Policies**

Thank you for choosing STPN as your health care providers. We are committed to providing state-of-the-art care in a compassionate environment. The following is a statement of our financial policy which we hope you will read and carefully consider.

**Regarding Insurance**

Your insurance policy is a contract between you and insurance company. We are not a party to that contract, but as a courtesy, we will bill your insurance for visits to STPN on your behalf. Please be aware that some of the services provided may not be covered under your plan and you will be 100% responsible for these charges. Regarding insurance plans which we are a participating provider, all co-pays and deductibles are due at the time of treatment. We accepted cash, checks, MasterCard, VISA, and American Express.

**Medicare**

STPN is a participating Medicare physicians group. We will file your primary insurance claim for you. As a courtesy, we also will file claims to a secondary insurer. However, you must bring all necessary information and sign a release of information/assignment of benefits form.

**Usual and customary charges**

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our geographic area. You may be responsible for payment regardless of any non-contracted insurance company's arbitrary determination of usual and customary fees.

**Rescheduling appointments**

If you cannot keep your scheduled appointment, please call us at least 24 hours in advance to reschedule.

Thank you for understanding our financial policy. Please call us if you have any questions.

I have read and agree to this financial policy:

\_\_\_\_\_  
Signature of Patient or Responsible party

\_\_\_\_\_  
Date