



We are committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your relationship as our patient. We file insurance claims as a courtesy to our patients. The guidelines below help you assist us with this process.

- » It is every patient's responsibility to understand their insurance policy and benefits.
- » PAYMENT IS DUE AT THE TIME OF SERVICE.
- » Each patient must bring their insurance information to every appointment to ensure correct processing of all insurance claims.
- » If you are covered by MEDICARE insurance, you are responsible for your deductible and a 20% copayment if you do not have a Medicare supplemental policy which covers these.
- » All patients must complete and sign our FINANCIAL POLICY before care is rendered.
- » There is a \$25 fee for all returned checks.
- » If you do not show up for an appointment or cancel with less than 24 hours notice, you will be charged \$20. This fee must be paid before a new appointment is scheduled. Patients with three missed appointments will be asked to transfer their records to another doctor.
- » If your insurance company needs any additional information, it is your responsibility to provide it to them.

---

PATIENT OR RESPONSIBLE PARTY

I have read, understand, and have been allowed to ask questions about this policy. I agree to comply with the guidelines above as described.

---

Signature

---

Printed Name

---

Date

TODAY I WILL BE PAYING BY (PLEASE CHECK SELECTION):

CHECK    CASH    VISA    MASTERCARD    DISCOVER

STEVEN K. BOOTON, MD, FACP  
INTERNAL MEDICINE

720 W. 34th St., Suite 100, Austin, TX 78705 Phone (512) 381-5599 Fax (512) 323-0307 [www.SBootonMD.com](http://www.SBootonMD.com)