



VALLEY INTENSIVISTS, PULMONOLOGISTS AND SLEEP SPECIALISTS

1200 E. Savannah Ave. Suite 12

McAllen, TX 78503

Tel: (956) 688-6300 Fax: (956) 688-6303

INSURANCE AND FINANCIAL RESPONSIBILITY POLICY

Insurance Verification Disclaimer

As a courtesy, Valley Intensivists, Pulmonologists and Sleep Specialists (VIPS) may verify insurance eligibility and benefits prior to your visit. However, this verification is not a guarantee of coverage or payment.

Insurance information is provided to our office by third-party payers and may be:

- Delayed
- Incomplete
- Inaccurate at the time of service

This is especially relevant in cases involving delegated or managed plans, including but not limited to WellMed and Cigna HealthSpring, where eligibility data may not be updated in real time.

Patient Financial Responsibility

Under federal regulations, including the Affordable Care Act, and standard insurance contract terms:

- The patient is ultimately responsible for understanding their insurance coverage, eligibility, and benefit structure.
- The patient is responsible for any charges not paid by insurance, including:
 - Deductibles
 - Copayments
 - Coinsurance
 - Non-covered or denied services

Eligibility Discrepancies

If your insurance plan later determines that:

- You were not active at the time of service, or
- The claim is denied due to eligibility or plan assignment issues

Then:

- The full balance becomes the patient's responsibility, regardless of prior verification by our office.



**VALLEY INTENSIVISTS, PULMONOLOGISTS AND
SLEEP SPECIALISTS**

1200 E. Savannah Ave. Suite 12
McAllen, TX 78503
Tel: (956) 688-6300 Fax: (956) 688-6303

- Documentation of eligibility obtained prior to your visit does not override the insurance carrier's final determination.

Assignment of Benefits & Claims Processing

By receiving services, you authorize VIPS to:

- Submit claims to your insurance on your behalf
- Receive payment directly from your insurer

However, insurance payment is not guaranteed, and all unpaid balances remain the responsibility of the patient.

Patient Identification & Insurance Requirement

All patients must provide a valid government-issued photo ID and current insurance card. Failure to provide documentation may result in rescheduling or self-pay classification.

Payment Policy

Payment is due at the time of service. A \$20 fee applies for sleep study cancellations within 48 hours. A 3% processing fee applies to credit card payments. No fee applies to debit, cash, checks, or HSA/FSA cards.

Patient Acknowledgment

By signing below, you acknowledge that:

- Insurance verification is a courtesy only
- You are responsible for confirming your coverage directly with your insurance plan
- You accept financial responsibility for services rendered, regardless of insurance outcome

Patient Name: _____

Patient Signature: _____

Date: _____