



10837 KATY FREEWAY, SUITE 100
HOUSTON, TX 77079
TEL (832) 325-1200
FAX (713) 984-8260

Anatoli N. Krasko, M.D.

FINANCIAL POLICY

We are committed to providing you with quality medical care. Our professional fees have been determined through careful consideration. We believe these fees are reasonable and reflect other area-physician charges.

It is your responsibility to verify that the physician you will see is a contracted provider under your insurance plan. Please obtain the necessary referrals required by your insurance plan for office services, as well as for additional testing that may be necessary. Payment of co-pays, deductibles, or fees for non-covered services, when applicable, is required at the time of service.

This office may provide pre-certification or prior authorization request services, when applicable, for an additional charge of \$35.00 for each request that will be made.

We will bill your insurance company for the services provided in this office. We allow 45 days from the date a claim was filed by our office for the insurance company to pay. If the insurance company has not paid within this time, you are responsible for the entire balance. We will not become involved in disputes between you and your insurance company regarding deductibles, non-covered services, co-pays, coordination of benefits, pre-existing conditions and "reasonable and customary" charges, other than to supply factual information when necessary. You are responsible for the timely payment of your account.

You are responsible for supplying us with accurate and current insurance information in a timely fashion.

I have read and understood the above terms and conditions.

Patient's Full Name: _____

Patient's Signature: X _____