

Christina Sebestyen, M.D.
April Schiemenz, M.D.

Lisa Carlile, CNM Siobhan Kubesh, CNM Kathy Harrision-Short, CNM Katherine Davidson, FPNP

Financial Policy

All payments are required at the time services are rendered. If we are in network with your insurance company, your co-pay and/or deductible, not met, must be paid at the time of service. Federal law, and contractual requirements outlined by YOUR insurance company, requires that we collect co-payments at the time of service. Your insurance may not cover all procedures done in the office, such as annual exams, sonograms/ultrasounds, etc. Any fees your insurance does not cover will be your responsibility to pay. We are not required to file a claim to your insurance company on your behalf, and do so as a courtesy that may be discontinued at any time.

It is the patient's responsibility to learn whether or not our providers are considered IN-network with your insurance company. If we are not in network with your insurance, you will be responsible for the difference paid to the physician and any out of network fees.

If you have an HMO plan, and your plan states that you must have a referral to see our providers, it is your responsibility to get the referral from your primary care physician or insurance carrier, depending on your plan's requirements, PRIOR to service.

Patients are responsible for verifying lab test coverage prior to testing. Some lab test such as STD, hormone testing, and lipid panels may not be covered by your insurance. You will be responsible for any lab fees not paid by your insurance.

If you are undergoing surgery, it may be necessary, at our doctors' discretion, to use an Assistant Surgeon to safely complete your surgery. Any assistant surgeon fees that are not covered by your insurance will be your responsibility to pay.

A 24 hour cancellation notice is required if you cannot keep your appointment. A \$45.00 fee will be applied to your account if we do not have 24 hours notice of cancellation. Three (3) "no-shows" without 24 hour cancellation notice for scheduled appointments will result in termination of the doctor-patient relationship.

For any balances on your account, you will receive an invoice requesting the payment that is due to Christina Sebestyen, M.D., P.A. Failure to pay an outstanding balance will result in sending your account to a collection agency. We will also have no alternative bet to terminate the doctor-patient relationship. If there are unusual circumstances preventing you from paying this bill, or if you believe our information may be incorrect, please call us immediately at (512) 425-3825.

Please be aware that there is a \$25.00 fee for release of medical records. A \$40.00 fee for employer related paperwork such as FMLA or disability, if needed quicker than two weeks. A \$35.00 fee will be charged for telephone calls to Dr. Sebestyen after hours, with the exception of emergent and obstetrical calls.

Patient Signature _____.

Date _____.