



Date \_\_\_\_\_  
Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Date of Procedure \_\_\_\_\_

**Dr. Priya Kalyam**  
Legacy Eyelids & Cosmetic Surgery

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**Financial Policy**

Thank you for choosing Priya Kalyam, M.D. for your eye care needs. Our primary mission is to deliver the best and most comprehensive care available. An important part of our mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

You may choose from: Cash, Check, Visa, MasterCard, American Express, or Care Credit. Priya Kalyam, M.D. charges \$50 for returned checks. Payment by check for all surgical procedures must be made a minimum 14 days before surgery.

It is customary to pay for professional services when rendered. As a courtesy, we will bill your insurance company on your behalf. Your insurance is a contract between you and your insurance carrier. You will receive an explanation of benefits from them itemizing your responsibilities. You will be responsible for any co-payments, deductibles, or non-covered services as determined by your insurance company. Any balance remaining after your health plan pays will be due upon receipt of a statement.

**If you have not met your deductible, you will be responsible for 100% of your visit at the contracted rate due at the time of the visit.**

If, however, Priya Kalyam, M.D. is not a participating provider in your insurance plan, you will be responsible for filing your own claims and will be responsible for paying in full at the time of service.

In accordance with our contract with your insurance provider, we are responsible for collecting and you are responsible for paying for your exam.

Priya Kalyam, M.D. will verify your insurance eligibility prior to your appointment; however this is not a guarantee of payment by your insurance company.

If your insurance policy requires pre-authorization from your primary care physician, it is your responsibility to obtain this prior to your appointment. If the claim for your services is denied for no pre-authorization, you will be responsible for your visit.

There is a \$25 fee for any forms to be completed by Dr. Kalyam or staff (i.e., disability, workers comp, auto accident etc.).

The adult accompanying a minor and his/her parents (or guardian) are responsible for payment upon completion of the exam.

If you have any questions, please do not hesitate to ask. We are here to help you get the quality care you want or need.

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Patient Name (Please Print)

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Patient, Parent, or Guardian Signature Date

\*If we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

ATTENTION ALL PATIENTS:

**Payment is due at the time of service.**

Method of payment:  Cash  Check  Credit Card: MC/Visa/AMEX/Discover  Care Credit  Alphaeon Credit

PATIENT AUTHORIZATION – ASSIGNMENT OF MEDICARE AND INSURANCE BENEFITS AND ACKNOWLEDGEMENT OF OUR NOTICE OF PRIVACY PRACTICES

I request that payment of authorized Medicare or any other insurance be made on my behalf to the Legacy Eyelids & Cosmetic Surgery for any services furnished to me by a physician of the group. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services (CMS) and other insurers and its agents any information needed to determine these benefits payable for related services. In Medicare assignment cases, or insured contracts, the provider agrees to accept the charge determination of the Medicare carrier or insurance. I am responsible for the deductible, co-insurance, or if the insurer does not pay. I am also responsible for all non-covered services such as, but not limited to, the refraction fee and elective OPTOS retinal photography fee. I understand that I am responsible for my bill in the event Medicare or my insurer denies my claim. I authorize release of my medical records to my primary care physician or other physicians associated with the continuity of my care.

My signature below further verifies that I have not joined an HMO or other entity which my designated insurance (Medicare or Insurance card) benefits have been relinquished.

I authorize Legacy Eyelids & Cosmetic Surgery, its assignees, and third party collection agents to utilize all contact information I have provided to communicate with me. This includes, but is not limited to, home telephone, cellular telephone, and employment telephone. I hereby grant permission and consent to Legacy Eyelids & Cosmetic Surgery, its assignees, and third party collection agents to place calls to my home telephone, cellular telephone, and employment telephone; leave messages (whether voice or text); and utilize pre-recorded/artificial voice messages and/or automatic dialing devices in connection with any communication to me. Additionally, I understand that some procedures/services performed by the physician(s) may not be covered by my insurance plan. If services are not covered, I understand and agree to be financially responsible for payment for such services.

I hereby acknowledge that I have received or have been given the opportunity to receive a copy of Legacy Eyelids & Cosmetic Surgery Notice of Privacy Practices. By signing below I am only giving acknowledgment that I have had the opportunity to receive the Notice of our Privacy Practices.

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTICE CONCERNING COMPLAINTS:

Complaints about physicians as well as other licensees and registrants of the Texas State Board of Medical Examiners, including physician assistants and acupuncturists, may be reported for investigation at the following address: Texas State Board of Medical Examiners, Attention: Investigations, 1812 Centre Creek Dr., Suite 300, P.O. Box 149134, Austin, TX 78714-9134, 1-800-201-9353.

Complaints regarding Legacy Eyelids & Cosmetic Surgery may be registered with the Department of State Health Services Facility Licensing Group, 1100 West 49th St., Austin, TX 78756, 1-888-973-0022.

TDI's Consumer Protection Program helps consumers with insurance questions and problems. The program can be reached toll-free at (800) 252-3439. In addition, the TDI Web Site offers a wealth of information, including a complete listing of licensed agency, agencies and insurers, and records of enforcement and disciplinary actions by TDI as the regulator of the insurance industry.

Consumers with questions and/or complaints about their own insurance claims, agents and/or insurance companies should call the consumer protection line at TDI and can file complaints with TDI. TDI can investigate individual concerns and answers questions. We encourage consumers to also file complaints with the Office of the Attorney General, but please understand that this agency cannot advise you about your specific situation or explain the law. We are prohibited by law from providing these services to private individuals.

The Office of Public Insurance Counsel (OPIC) represents the interests of Texas consumers in matters such as insurance rates and rules. OPIC is required by law to represent all consumers as a group. Individual complaints that suggest a widespread pattern of practices, or which indicate that a large number of consumers are affected, may lead to action by the agency. Therefore, consumers may wish to complain to the OPIC as well.

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Note: Patients are solely responsible for maintaining the privacy and security of all information printed from the Patient Portal.

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