

TEXAS FAMILY PEDIATRIC GROUP, PA

FINANCIAL POLICY

ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE:

Payment is required at the time services are rendered unless other arrangements are made in advance. This includes applicable co-insurances and co-payments for participating companies. Co-payments must be paid at the time of service regardless who brings the child in the office. In the case (such as divorce) where the custodial parent is not the insurance holder the person accompanying the child is responsible to pay copayments at the time of service. Our office will not bill for co-pays. We accept cash, personal check, VISA, MasterCard or Discover. There is a service charge for all returned checks.

Patients with an outstanding balance of 60 days past due must make arrangements with the billing office prior to scheduling well appointments. School, camp or sports forms will not be provided for patients with accounts 60 days or more overdue unless arrangements for payment have been made with the billing office. Accounts over 90 days overdue will be considered seriously delinquent and referred to our Collection Agency. Failure to provide payment for services rendered may result in discharge from the practice.

INSURANCE:

Your insurance card must be presented at every visit. We bill insurance companies as a courtesy to you. It is your responsibility to notify the office of any insurance change. It is essential that you enroll newborn infants with your insurance carrier within 30 days of the date of birth. Unless you do this the child has no insurance coverage under your policy. If you fail to do these within 30 days following birth you will be billed for the services we have provided. We do not bill secondary insurance companies for co pays. If we do not receive payment from your insurance company within 45 days from the date of service, you will be expected to pay the balance in full. You are ultimately responsible for all charges. We will bill your insurance company for services that were rendered. We will not bill sick visit instead of a physical because some insurance companies do not cover well exams. Please do not ask us to do so. **If you need assistance or have questions, please contact us.**

RESPONSIBILITY FOR MEDICAL CARE:

Every minor child, under the age of 18 must be accompanied by a parent/legal guardian or by an adult who has obtained written consent for treatment from the parent/legal guardian. An exception is an adolescent presenting for confidential services which we are permitted by state law to provide without consent of the parent.

REFERRALS:

If you are enrolled in a managed care insurance plan (HMO) that requires a referral, you must receive that referral from our office before seeing a specialist. This must be done in advance with the referral coordinator and you must allow 5 business days to process your referral. Our referral Coordinator can be reached during office hours at our main number. Please have the necessary information available when calling (i.e. child's name, dated of birth, phone number, insurance, specialist's name and phone number and why you need the referral).

NO SHOWS / LATE CANCELLATIONS:

Broken appointments are a cost to us, to you and to other patients who could have used the time set aside for your child. Cancellations are requested 24 hours in advance. We reserve the right to charge for missed appointments or late cancelled appointments. Our staff will attempt to call to remind you of the appointment; however the responsibility to keep the appointment is yours. You may be asked to confirm your appointment 2 days in advance. Because Saturday physical appointments are such a premium if they are missed you will not be able to schedule another physical for a Saturday. Missed appointments may result in discharge from the practice.

CHILD'S NAME: _____ DOB: _____
SIGNATURE: _____