

FINANCIAL POLICY

ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable coinsurance and co-payments for participating insurance companies. Pediatric Healthcare accepts cash, personal check (in-state only), VISA, MasterCard, Discover, and American Express. There is a service charge of \$25.00 for returned checks.

We realize that people have financial difficulty. Therefore, we may advise you to sign a budget agreement to guarantee a payment arrangement. Please check with our Front Office and/or our Billing Department to make payment and/or financial arrangements.

INSURANCE:

It is your responsibility to know your insurance coverage and benefits. It is your contract obligation with your insurance company to pay your deductible and co-payments. We bill participating insurance companies as a courtesy to you. You are expected to pay your deductible and co-payments at the time of service. You are responsible for all unpaid charges.

If you need assistance or have questions, please contact the Billing Department between 8:00 a.m. and 5:00 p.m., Monday through Friday at (832) 912- 7044 option 3.

MANAGED CARE:

If you are enrolled in managed care insurance plan i.e. HMO, you must receive a referral from our office before seeing a specialist. It is your responsibility to schedule an appointment with the specialist office. You must inform our office 72 hours in advance of the appointment for a referral to be issued to the specialist office.

MISSED APPOINTMENTS/LATE CANCELLATIONS:

Any missed appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. We reserve the right to charge \$25.00 for missed or late-cancelled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

FORMS FOR DAYCARE, CAMP, SCHOOL, ETC NEEDED:

Patients needing daycare, physical, and/or any type of forms to be completed by the physician must allow the physician 72 hours to complete and sign. Our office reserves the right to charge up to \$20.00 for a form to be completed by the physician.

MEDICAL RECORDS:

Patients requesting medical records must sign a release of medical records and allow 15 days for the records to be copied. There is a medical records fee of \$25.00 for the first 20 pages and \$ 0.15 cents each additional page.

PRESCRIPTION REWRITE:

Prescriptions are generally written in quantity to last until the patient's next scheduled appointment. If it becomes necessary for our office to call in a refill for a prescription due to a patient's failure to keep an appointment, a charge of \$10.00 will be charged to you. There will be a charge of \$10.00 for any triplicate prescription that must be rewritten due to lost or expiration.

I have read and understand the financial policy of Pediatric Healthcare of Northwest Houston, PA.

Parent/Guardian Signature

Printed Name

Date