



12411 Hymeadow Drive, Suite 3F, Austin, TX 78750 Phone: (512) 250-1997 Fax: (512) 250-1529

FINANCIAL POLICY

We aim to provide the highest level of pediatric care. Financial matters are an important aspect of our relationship with you. In the context of our current healthcare system, we think it prudent to have a specified policy on delineating financial responsibility. The health insurance system is a complicated one and we wish to prevent misunderstanding as much as possible. We do our very best to help you throughout the process, and we ask you to make every effort to fully understand your insurance benefits and be prepared to meet your share of financial obligation at the time of service

PLEASE INITIAL THAT YOU HAVE READ AND UNDERSTAND EACH OF THE FOLLOWING:

- _____ Please present your current insurance card to us at every visit.
- _____ Copayments, deductibles and coinsurance are due at the time of service. We accept cash, personal check, MasterCard, Visa, Discover and American Express.
- _____ If your insurance company is unable to verify coverage or eligibility prior to the appointment, payment will be due in full at the time of service.
- _____ If you are not prepared to pay the required amount at a well child visit, we may reschedule your appointment.
- _____ Any remaining balance after your health plan pays will be due upon receipt of a statement. Account balances over 60 days with no payment activity will be sent to our internal collections department and may be reported to a credit bureau(s) for Credit Reporting.
- _____ Your insurance policy is a contract between you and your insurance company. It is your responsibility to know what your policy covers and what it does not. We contact your insurance company prior to your visit to verify eligibility, however, we cannot guarantee that the benefits quoted will be what they subsequently pay on the claim. Any item deemed "non-covered" by your insurance carrier will be your financial responsibility. Any disputes about payment must be resolved between you and your insurance company.
- _____ If after 60 days from the date of service we still have not received insurance payment for services performed, the balance will be transferred to you for payment in full.
- _____ Payments & credits are applied to the oldest charge first, except for insurance payments, which are applied to the corresponding dates of service. Refunds will be provided within 30 days from the date of request, after all outstanding claims are satisfied.
- _____ It is the responsibility of the insured parent to add your newborn baby to your policy within 30 days from birth.
- _____ In cases of divorce or situations where parents are unable to accompany the child, financial responsibility rests with the adult accompanying the child to the office.

FEES & CHARGES

- _____ A \$30.00 fee will be assessed for all returned (NSF) checks.
- _____ After Hour Phone calls handled by Seton Call Center are not covered by insurance and will result in a fee of \$25.00.
- _____ A fee of \$25.00 will be charged if you miss an appointment without prior day notification. This "No Show" fee is not covered by insurance.
- _____ A \$25.00 fee will be assessed for request of release of Medical Records to Parent or Guardian. *Transfer of records directly to another provider, for continuity of care, is done as a courtesy at no charge.*
- _____ A \$20.00 fee will be charged for Ocular Vision Screen if you opt-in for this procedure to be performed, as this procedure is not covered by most insurance. .

PAYMENT POLICY:

All payment for professional services rendered are due at time of service, unless insurance is applicable. The office will file insurance, but all co-pays, co-insurances and deductibles are due at time of service. Services not covered and balances remaining after insurance payment will be billed to the responsible party.

Signature _____ Date _____