

Financial Policy

Please read and sign Acknowledgement form

We are glad you have chosen Brazosport Pediatric Clinic to provide medical care for your child/children. We strive to give your children comprehensive, quality medical care. We understand that in addition to needing to feel comfortable with your child's pediatrician, many parents have concerns regarding the financial policies of the practice. This information is designed to help answer frequently asked questions.

This Financial Policy must be read and signed by the child's parent/guardian prior to any treatment. All patients should also complete our Patient Information form before seeing the doctor. Thank you for your understanding and cooperation. Please let us know if you have any questions or concerns.

While we do participate with many insurance plans, accounts covered by other plans must be paid in full at the time of service unless prior arrangements have been made. We accept Cash, Checks and MasterCard, Visa, Discover or American Express.

Insurance: As a participating provider in your plan we will be happy to file insurance claims for you. We cannot file any claims without a copy of the insurance card. If your insurance company requires you to choose a PCP, Brazosport Pediatric Clinic or a provider's name must be on the card. Please present your insurance card at each visit. You are responsible for knowing what your insurance company covers. Please be aware that some, and perhaps all services provided may be non-covered services and not considered reasonable and customary under your insurance plan. Should your insurance carrier require you to use a specific lab or other outside facility, it is your responsibility to inform the nurse. Failure to do so may result in charges to you, which your insurance company will not cover. The balance of any claim filed to your insurance is your responsibility. In the event that your insurance company does not pay within 60 days, you will receive a bill from this office. You will be responsible for payment of this bill within 30 days.

If you do not have your child's insurance card at each visit or another physician's name appears on the card, you may be asked to sign a waiver before receiving services.

New Insurance Information: New insurance information must be provided at the first visit after the change. Failure to provide correct insurance information may result in the entire bill becoming the responsibility of the patient/guardian.

Co-Payments/Coinsurance: Some insurance companies require a co-payment for each and every visit regardless of the services being performed. All co-payments are due at check-in and prior to treatment. Any services that are deemed to be the family's responsibility (additional co-pays, coinsurance, deductibles, etc.) or that are considered non-covered by your insurance at the time of service will be put to patient balance and are due immediately.

Balances over 90 Days Old: Account balances over 90 days old will receive a final notice letter. Failure to pay the account or arrange a payment plan within 10 days may result in the account being turned over to collections. If this occurs, an account may be closed until paid in full or a payment plan is in place before the child will be seen in the office again.

Returned Checks: Returned checks will incur a \$30 fee. The amount of the check plus the fee must be paid by money order, cash or credit card within 10 days of notification. If a second check is returned on the account, the office will no longer accept personal checks for payment.

Non-Contracted Insurance or Self Pay: If we do not participate with your insurance plan, or who are uninsured, we ask that you pay in full at the time services are rendered. Payment is due at check-in and at that time a Prompt Pay discount may be applied to your visit.

Referrals: Please be aware that some plans require pre-authorization before seeing a specialist. If you choose to see the specialist BEFORE receiving approval, you may be required to pay out of pocket.

Missed Appointments: All visits are by appointments only. There is a \$25 administrative fee for all missed appointments and appointments cancelled less than 24 hours in advance. Please help us serve you better by keeping scheduled appointments.

We thank you for choosing us to care for your children. We appreciate your trust and look forward to providing a medical home for your family. If you have any questions regarding our financial policies, please do not hesitate to ask.

Please sign the Acknowledge form confirming that you have read and understand the Financial Policy.