

Pediatric Surgery Associates of Clear Lake
450 Medical Center Blvd., Suite 600 Webster, TX 77598
Phone 281.554.1690 Fax 866.321.1602

FINANCIAL POLICY

As we enter this doctor-patient (parent) relationship, we agree to provide quality pediatric surgical care at a fair and reasonable price, and you in turn, agree it is your obligation to be prepared to pay at the time of service and to understand the benefits of your insurance. We want to explain our financial policy to you so there are no unpleasant surprises.

• **Co-payments, deductibles and/or coinsurance are due at the time of service.** We accept Cash, Personal Check, MasterCard, Visa, Discover and American Express. If you are not prepared to pay the required amount, we may be required to reschedule the appointment. The estimated financial responsibility for scheduled surgery will be due *prior* to the surgery date. Any remaining balance after your health plan pays will be due upon receipt of a statement. If insurance coverage cannot be verified prior to the appointment, the account will be notated as private pay and payment will be due in full. *Account balances over 60 days with no payment activity will be reported to the credit bureau(s).*

• **Your insurance policy is a contract between you and your insurance company. Do not assume your policy covers everything or pays at 100%. It is your responsibility to know what your policy covers and what it does not. We cannot quote your benefits.**

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. You are responsible for obtaining a properly dated referral if required by your insurance company and responsible for payment if your claim denies for lack of one. Failure to provide accurate insurance information within 15 days from the date of service will result in the balance becoming your responsibility. If after 60 days from the initial filing date, we do not obtain payment for services performed by your insurance company, the balance will be transferred to you for payment in full.

- As a courtesy to you, we will file a participating insurance claim for you with proper assignment. Please bring your insurance card with you to every visit.
- We do not file third party insurance for motor vehicle accidents or liability claims. We do not carry balances for claims to be settled in or out of court.
- It is the responsibility of the parents to add your newborn to your policy within 30 days from birth.
- This office is not party to your divorce decree. The financial responsibility rests with the accompanying adult.
- A \$25.00 fee will be assessed for all returned checks.
- Payments & credits are applied to the oldest charges first, except for insurance payments, which are applied to the corresponding dates of service. Refunds will be provided within 60 days from the date all outstanding claims are satisfied.

ASSIGNMENT OF BENEFITS

I request payment of the medical and surgical benefits, otherwise payable to me, directly to Pediatric Surgery Associates of Clear Lake for services provided by them.

I have read and understand the practice's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice at any time.

Responsible Party Printed Name (Must be 18 or over) Date

Responsible Party Signature (Must be 18 or over) Date