



FINANCIAL POLICY

Our office and physicians are committed to providing you with the highest quality care at a fair and reasonable cost. We request your help in avoiding unnecessary billing issues that may happen because of incorrect insurance information.

This is an agreement between Southwest Children's Center, P.A., as creditor, and the Patient/Debtor named on this form. In this agreement the words "you," "your," and "yours" mean the Patient/Debtor. The word "account" means the account that has been established in your name to which charges are made and payments credited. The words "we," "us," and "our" refer to Southwest Children's Center, P.A. By executing this agreement, you are agreeing to pay for all services received.

By signing the policy, you agree you have received, reviewed and agree to comply. Patients cannot be seen unless this Financial Policy is acknowledged.

PAYMENT IN FULL IS DUE AND EXPECTED AT TIME OF SERVICE.

Payments: Payment is due at the time service is rendered. This includes all applicable co-payments, coinsurances, payments for services not covered or denied by your insurance company and any self-pay account balances. If you participate in (1) a HDHP (High Deductible Health Plan), (2) HSA (Health Savings Account, or (3) have a deductible that must be met prior to services being covered, Southwest Children's Center will collect \$50.00 at the time of service which will be applied towards your bill and future balances.

For your convenience, we accept cash, checks, credit cards, and money orders. Unless our billing staff approves other arrangements in writing, the balance on your statement is due 30 days from the billing statement date.

Assignment of Insurance Benefits:

In consideration of services rendered, I hereby transfer and assign all rights of payment due to me for medical and or surgical services under any policies of insurance.

I further authorize the physician(s) providing service to release for insurance purposes any information acquired in the course of my child/children's examination and treatment.

BRING YOUR CURRENT INSURANCE CARD TO EVERY VISIT.

Insurance Benefits:

As a courtesy to our patients, Southwest Children's Center, P.A. will file claims to any insurance carrier with whom we are participating providers. We do not guarantee benefits. Our office is not responsible for the knowledge of your benefits. The insurance policy is a contract between you, your employer and the insurance company. Your insurance policy will determine coordination of benefits, co-pay amount, and deductibles/coinsurance. It is the responsibility of the cardholder to know what their eligibility and coverage is with their insurance carrier. If this is not known, the cardholder should verify coverage limitations prior to the appointment date. The individual authorizing treatment agrees to pay any portion not covered by your insurance.

I understand that if the child is not eligible under the terms of my medical subscriber health insurance agreement, I am liable for all charges for services rendered.

If you feel that your claim has been unfairly denied by your insurance company, it is the guarantor's responsibility to pursue the insurance company on their child's behalf. Payment of any claims that have not processed or paid within a timely manner (as determined by Southwest Children's Center) by the guarantor's insurance company becomes the responsibility of the person authorizing treatment for the child.

Insurance Release: This is to certify that I have been informed prior to receiving treatment today that my health plan may not be liable for service rendered if any of the following conditions apply:

- o My child/children may have a pre-existing condition or other diagnosis that may not be covered by my plan.
- o Provider not participating in my health plan.
- o Unmet deductible under my health plan contract.
- o Well-child check-up, immunizations, as well as other routine services may not be covered by some insurance plans. Please check with your insurance carrier if you are not sure if routine services are covered.

I further authorize the physician(s) providing service to release for insurance purposes any information acquired in the course of my child/children's examination and treatment.

Self-Pay Accounts: Southwest Children's Center, P.A. permits patients to be seen as self-pay; however, visit charges should be paid in full at the time of service. In order for the charges to be paid on the day of service, Southwest Children's Center requires the completion of the Credit Card Authorization Form and a credit card be placed on file. If payment cannot be made in full at the time of service, a "Payment Arrangement Authorization" plan can be made for 60



days or less, with the first payment payable the day services are rendered. Self-pay accounts are expected to pay their account balance to zero prior to receiving any further services by our practice.

Monthly Statements: If you have a balance on your account, we will send you monthly statements. These statements represent the balance owed after we receive the explanation of benefits from your insurance with payment or denial information. The monthly statement will show separately any previous balances, new charges to the account and any payments received on the account during the prior month. You will receive a final notice once your account is 90 days past due. Accounts that are over 90 days past-due are subject to be sent to collections and dismissed from the practice.

Credit Card on File: For your convenience, a credit card is required to be kept on file for unpaid co-payments, balances over 60 days due under the amount of \$100.00 and self-pay visits. A credit card must be on file prior to any self-pay visits. The Credit Card Authorization Form allows Southwest Children's Center to process your card for past due balances under \$100.00 after all insurance has been applied or any self-pay balances due at time of service. Our office will send a courtesy text alert prior to processing any unpaid balance and provide an emailed receipt once processed.

Your credit card information is safely secured and encrypted on our software and only displays the last 4 digits of your credit card number. In addition, PCI compliance runs regularly on all Southwest Children's Center's devices. For your security, no Southwest Children's Center, P.A. staff member, 3rd party or outside vendor will ever have access to your information.

Past Due Accounts/Collections: If your account is past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs that are incurred. All accounts sent to the collection agency will be reported to the Credit Bureau. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyers' fees that we incur plus all court costs. In case of suit, you agree the venue shall be in Bexar County, Texas. In all cases where accounts are sent to collections, physicians of Southwest Children's Center, P.A., will no longer provide care to any patient on the account. The guarantor will receive written notification and will be given sufficient time to find a new healthcare physician outside of the practice.

Payment Arrangements: We understand certain circumstances may prohibit full payment on a balance. As a courtesy to our patients and families, Southwest Children's Center offers payment plans for certain balances. The payment plan, "Payment Arrangement Authorization," is a binding contract. Patients and families with 'Payment Plan Agreements' must be in full compliance and in good standing with all conditions of the agreement for services to be rendered (patients to be seen). Failure of automatic payments to process on a 'Payment Arrangement Authorization' will result in account being turned over to a collection agency and dismissal from the practice.

Change of Insurance/Change of Address: Guarantor is responsible of notifying the office as soon as possible of all insurance and address changes. If Southwest Children's Center, P.A. is not notified within 15 days of any changes, the guarantor is responsible for all charges not paid because of change in insurance coverage. Guarantor is also responsible for notifying all insurance companies of any change in address.

Missed Appointments/Cancellations: We work hard to offer our patients appointments that are convenient for both you and your children and missed appointments cost other patients who could have been seen in the time frame set aside for you. Cancellations are requested **2 hours** in advance for all standard (15 Minute appointments) and **24 hours** prior to any extended appointment (30 Minute appointments). "No Show" Fees will apply to all visits that are missed or not cancelled within the timeframe stated above. 15 Minute Appointments (Well Child/Preventative, Sick Visits, ADD/ADHD): \$75.00 Fee; 30-Minute Appointments (ADD/ADHD, parent consults, etc.): \$75.00 Fee. Excessive missed appointments will result in dismissal from Southwest Children's Center, P.A.

Walk-In Fee: Patients are seen by appointment only. Should a patient walk in without a scheduled appointment and is seen by a provider, there will be a \$50.00 fee. Patients should not expect to be seen without an appointment.

Returned Checks: There is a fee (currently \$35⁰⁰) for any check returned by the bank. Cash or credit card payments will be required for any account with more than one Returned Check Fee in a twelve-month period.

Waiver of Confidentiality: You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if you are past due, the status is reported to a credit-reporting agency and the fact that your child received treatment at our office may become a matter of public record.

Weekend/Holiday Appointments: There will be a \$35⁰⁰ [weekend] fee billed to your insurance. If your insurance does not pay, you may be responsible for payment.

Divorce: In the case of divorce or separation, the parent authorizing treatment for the child/children will be the responsible party for payment and subsequent charges on the account. Your divorce decree is an issue between you and your ex-spouse and not our office. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent. We will collect payment from the parent who brings the child to the visit.

Transfer of Records: Should you wish to transfer care to another physician outside of our office, you will need to complete the Authorization to Disclose PHI form, available on our website. This form needs to be completed in its entirety for us to process the request. All remaining balances on the account should either be paid in full or a "Payment Arrangement Agreement" set up with our billing department prior to the transfer of records.

Billing Inquiries: Billing and insurance questions should be directed to our Billing Department via your patient portal. "Billing Inquiries" will be addressed within 2-3 business days through the patient portal, or for urgent billing needs, you may contact our billing department directly at (210) 614-8687 ext. 2505.