

Starside Pediatrics

1518 Legacy Drive, Suite 110

Frisco, TX 75034

Newborn Child and Adolescent Medicine
Diplomats of the American Board of Pediatrics

Financial Policy

Patient Name: _____

DOB: _____

Patients with Insurance

Parents/Guardians of patients are responsible for deductibles, co-pays, non-covered services, coinsurance and items considered "not medically necessary" by your insurance company. Co-payments and anticipated coinsurance amounts will be collected at the time of check-in and will be expected prior to services being rendered. When there is a known deductible, payment will be expected at the end of treatment. If a parent/guardian is unaware of their deductible or coinsurance amount, we will bill the insurance company as a courtesy. Any remaining balance should be taken care of within one (1) month's notice from the insurance company. If you or your insurance carrier makes payment exceeding your balance, reimbursement will be remitted. If payment cannot be made at each visit, or your family has an outstanding balance, you must notify the office to make arrangements in advance of each office visit.

Patients without Insurance

Parents/Guardians of patients are responsible for making payment for care at each patient visit. If payment cannot be made at each visit, you must notify the office to make arrangements in advance of each office visit.

Patients without their Insurance Card or New Insurance:

Parents/Guardians of patients are responsible for making payment for care at each patient visit if the insurance cannot be verified with your insurance company before leaving the office. You must present your card at each visit per your insurance company and you must notify us promptly of any change in you or your child's insurance status.

After Hours Calls

For urgent afterhours issues, Starside Pediatrics uses a nurse answering service. Registered pediatric RNs will return any calls within 30 minutes and provide our office with a record of the call. For issues that need additional advice, one of our pediatrician or call partners are always on back up call. You may page the nurse answering service any time after the office closes, on weekends or holidays. There is no charge for calling the nurse triage line; however, a charge of \$15 will be incurred if you specifically ask to speak to the on call doctor in addition to the nurse.. Patients may leave a voice message in the general office mailbox at any time if they prefer to have the office call them directly during regular business hours.

Missed Appointments/Medical Records Transfer/Shot Record Fee

Patients who fail to show for any appointment or do not give 24 hrs advance notice of cancellation will have a notation in their chart. You will be charged \$50 for each visit you miss or do not give 24 hrs notice of cancellation. There is a \$25 charge to transfer medical records to another physician's office, and a \$5 fee for shot records and non-electronic ADD prescriptions

Assignment

I assign the benefits from my insurance carrier to this clinic for the medical/surgical benefits I am entitled to.

Release of Information

I authorize Starside Pediatrics to release to my insurance carrier and its agents any information needed to determine benefits or benefits payable for related services.

I have read and agree to the Financial Policy, Assignments, and Release of Information paragraphs as stated above.

Patient or Responsible Party Signature

Date

Person Signing on Behalf of Patient (Print Name)

Date

Phone Number

Financial Policy

Whom may we thank for referring you? _____

Do you have insurance that may cover any part of our professional care? Yes / No If Yes, please present insurance card.

Emergency contact/Name of nearest relative not living with patient _____

Address _____ Phone _____

It is customary to pay for services as they are rendered unless other arrangements have been made in advance. All professional services rendered are charged to the patient. We request you pay by check or credit card at each visit.

I understand that if I do not pay as services are rendered, a service charge may be added each month if there is an outstanding balance. Should this account become delinquent, I understand that I am responsible for any and all legal fees, court costs and collection fees involved as a result of any collection activity.

Patients on PPO's will be responsible for non-covered charges (deductibles, co-pays, etc.) at the time of each office visit. Insurance cards must be presented at each visit in order for our office to file with contracted PPO's.

I authorize the release of any medical or health related information to process my insurance claim. I authorize payment of any insurance benefits to Starside Pediatrics for services rendered when this office files directly to my insurance company.

Signature of Parent or Guardian

Date
