



## FINANCIAL POLICIES

### INSURANCE

Co-payments are due and payable at the time of service. As a courtesy, we will bill your insurance company provided we have the correct billing information at the time of service. If a claim is denied because you have not provided correct and active insurance details, all charges will transfer to your responsibility. You are financially responsible for charges deemed by the insurance company to be billable to the patient or not covered by your insurance plan. You must be familiar with your particular coverage and any requirements for pre-authorization, deductibles, and limitations on well child visits, lab services, immunizations, and other procedures.

### SELF-PAY ACCOUNTS

If proof of insurance is not provided, your account will be considered a self-pay account. Payments in full at time of service may be eligible for a discount. If you subsequently provide verifiable insurance information, and the timeframe for billing the insurance has not expired, we will bill the charges to your insurance company for you. If we then receive insurance payment, we will promptly issue a refund to you of any credit on your account.

### BILLING/PAYMENT OPTIONS

The billing statement you receive will show patient balances due, insurance company payments, adjustments, and pending amounts. Patient balances are due from you upon receipt of the statement. We accept all major debit/credit cards, FSA/HSA cards, checks, and cash. Payment can be made by returning the statement by mail, calling our office, or online through the Patient Portal.

### DELINQUENT ACCOUNTS

GROW Pediatrics makes every attempt to notify you of any balances. Outstanding balances not paid within 30 days will be considered delinquent. After 90 days your account will be reviewed for submission to a collection agency. If you are not able to remit full payment, please contact our Billing Specialist to make payment arrangements. Depending on the amount of the balance, payment plans for no more than a 6 month time frame may be granted on an individual basis.

### AFTER-HOURS

#### PHONE CALLS

Our office hours are Monday-Friday 8:00am-5:00pm. To page the on-call provider outside these hours, please call MedLink at 512-660-6581. There is a \$25 charge for this service.

#### VISITS

We will bill your insurance company for an after-hours fee for acute care (non-preventative) appointments. Since we do not regularly hold weekend hours, this service may not be covered and you will be responsible for the after hours fee.

### FEES

	<u>Policy</u>	<u>Amount</u>
Returned Checks	In the event a personal check is returned to us for any reason.	\$25
No-Show/Late Cancellation	If your appointment is missed or cancelled with less than 24 hour notice	\$50
Forms	For the completion of forms outside an office visit for school, camp, sport, daycare, etc.	\$10 / Expedited \$25

### ASSIGNMENT OF BENEFITS/MEDICAL RELEASE AUTHORIZATION

- I authorize payment of medical benefits to GROW Pediatrics and Adolescent Medicine, PLLC for services rendered and understand that I will be fully responsible for any outstanding balance.
- I authorize the release of any medical or other information necessary to process my child's insurance claim.
- I authorize GROW Pediatrics to initiate a complaint or file appeal to my insurance company or any payer authority for any reason on my behalf.

### SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE

Signature of Patient/Parent/Legal Representative

Date

Printed Name of Parent/Legal Representative

Relationship to Patient