FINANCIAL POLICY

WE at Texas Children’s Pediatrics (TCP) are committed to providing you with quality care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about this financial policy.

TO assist us in establishing your TCP financial account, please:

- Supply all necessary information for the accurate billing of your claim, including your insurance card, employer information and demographic information.
- Satisfy all insurance co-payments, deductibles and non-covered services on the day services are rendered.
- Provide your insurance company and TCP with any additional information requested to complete the processing of claims filed on your behalf.

UNACCOMPANIED MINORS
Minor must have an authorization for medical treatment signed by his/her parent/guardian and is responsible for providing current insurance information for self. Please note that co-payments and/or deductibles are expected at the time of service.

REGARDING DIVORCE:
TCP does not get involved in disputes between divorced parents regarding financial responsibility for their child’s medical expenses. By signing as guarantor below, you agree to be financially responsible for the care we provide to your child, regardless of whether a divorce decree or other arrangement places that obligation on your former spouse.

REGARDING INSURANCE
Indemnity/Fee for Service: We require full payment at the time of service. We will supply you with a copy of your itemized statement so that you can file for reimbursement from your insurance company. Should your insurance company require detailed descriptions of services, please have them request it in writing.

Contracted Managed Care Plans (HMO, PPO, POS, EPO)
Each time you make an appointment with a TCP physician, it is your responsibility to make sure he/she is currently under contract with your managed care plan. Verification of your coverage and benefits may be required. Often this verification requires us to share the reason for your visit with your managed care plan. Please plan to show your current card at each visit.

If you are referred to a specialist or decide you need a specialist, you may be required by your managed care plan to call your primary care physician in order to obtain an insurance referral. TCP will not be responsible to keep track of the expiration dates and for giving your doctor’s office a minimum of 48-hours’ notice before being seen by a specialist. Retro referrals may not be allowed on all managed care plans. Therefore, if a referral is not obtained, you may be held responsible for timely payment of your account.

CONTRACTED MANAGED CARE PLANS (HMO, PPO, POS, EPO)
Each time you make an appointment with a TCP physician, it is your responsibility to make sure he/she is currently under contract with your managed care plan. Verification of your coverage and benefits may be required. Often this verification requires us to share the reason for your visit with your managed care plan. Please plan to show your current card at each visit.

If you are referred to a specialist or decide you need a specialist, you may be required by your managed care plan to call your primary care physician in order to obtain an insurance referral. TCP will not be responsible to keep track of the expiration dates and for giving your doctor’s office a minimum of 48-hours’ notice before being seen by a specialist. Retro referrals may not be allowed on all managed care plans. Therefore, if a referral is not obtained, you may be held responsible for timely payment of your account.

CONTRACTED MANAGED CARE PLANS (HMO, PPO, POS, EPO)
Each time you make an appointment with a TCP physician, it is your responsibility to make sure he/she is currently under contract with your managed care plan. Verification of your coverage and benefits may be required. Often this verification requires us to share the reason for your visit with your managed care plan. Please plan to show your current card at each visit.

If you are referred to a specialist or decide you need a specialist, you may be required by your managed care plan to call your primary care physician in order to obtain an insurance referral. TCP will not be responsible to keep track of the expiration dates and for giving your doctor’s office a minimum of 48-hours’ notice before being seen by a specialist. Retro referrals may not be allowed on all managed care plans. Therefore, if a referral is not obtained, you may be held responsible for timely payment of your account.

Any changes to this authorization must be received in writing within thirty days of effective date.

Guarantor Signature: ____________________________________________ Date: __________________

Print Name______________________________________________________Guarantor Date of Birth: __________________

Relationship to Patient: ____________________________________________

PATIENT(S) NAME: ____________________________ Date of Birth: __________________