Office/Financial Policy

Summit Children’s Clinic takes pride in providing a good physician-patient relationship. Informing you in advance of our office policy will assist our office in maintaining that relationship. Please read this carefully. Should you have any questions, please do not hesitate to ask our receptionist.

1. Our office hours are as follows:
	1. Monday – Friday 8:30 AM to 4:30 PM
	2. Saturday 8:30 AM to 12:00 PM (sick appointments only)
2. All sick appointments are scheduled same day. You should call first thing in the morning (8:30AM) to see what appointments are available.
3. All patients are seen according to their scheduled appointment time.
4. Our office does not accept walk-in patients. You will have to schedule an appointment with the schedule desk.
5. If you are more than 15 minutes late for your scheduled appointment you may be asked to reschedule.
6. If someone other than the parent/guardian is accompanying the child to the scheduled appointment they must bring the following items:
	1. Letter signed by parent/guardian stating the person accompanying the child has permission to discuss and make medical decisions on behalf of the parent/guardian.
	2. Valid photo ID
	3. Knowledge of child’s reason for visit.
7. Guarantor shall accept full financial responsibility for all items or services. Not all services provided by our office are covered by every insurance plan. It is your responsibility to know your benefit plan. Any service determined to not be covered by your insurance plan will be your responsibility.
8. Guarantor hereby directs any payment of medical benefits to Summit Children’s Clinic for services rendered. We will be happy to file a claim to your primary and secondary insurance carrier on your behalf.
9. You will be expected to present your current insurance card at every visit. If the insurance you designate is incorrect you will be responsible for payment of the visit and to submit the charges to the correct plan.
10. If we are your primary care provider, make sure our name appears on your insurance card. If your insurance company has not been informed that we are your primary care provider as of this date, you may be financially responsible for the visit.
11. Statements are mailed to the address we have on file once a month after the receipt of your insurance plan’s explanation of benefits. Your remittance is due within 30 days from the bill date. Balances greater than 90 days will be forwarded to an outside collection agency and a **35% fee** will be added to the total outstanding balance. Once an account has been forwarded to an outside collection agency the balance must be paid in full before the child/children will be seen again in our clinic.
12. Prior balances must be paid or satisfactory payment arrangements made with our billing department prior to the visit.
13. Co-payments, deductibles, and co-insurance are due at time of service. They are contractual agreements between Guarantor and their insurance plan, and between Summit Children’s Clinic and our insurance plans. These contractual agreements specifically prohibit us from waving these charges for any reason. Therefore, Summit Children’s Clinic does not waive any co-payments, deductibles, or co-insurance for any patient.
14. If you are uninsured, payment for the visit is to be paid at the time of the visit.
15. In the event an overpayment occurs on the account, the overpayment will be applied to family outstanding balances, if any. Remaining overpayments will be applied to co-payments and deductibles at the next visit or refunded to the patient, within 30 days of our office becoming aware of it.
16. A **$25.00 fee** will be charged for any checks returned for insufficient funds.
17. Per the Texas Medical Board Rules, Chapter 165.2. Medical Records Release and Charges, we charge a **fee of $25.00** to process any transfer of medical records. An additional fee may apply to billing records. As per our office policy once your child’s medical care is transferred to another physician, your child will not be permitted to return to our office for future medical care.
18. We require a 24-hour notice for canceling any appointments. There is a **$25.00 charge** if the appointment is missed or if 24-hour notice is not given. (See Missed Appointment Policy)
19. Forms not obtained during the office visit will be charged the following fees, and payment is due when the forms are picked up. Allow 2-3 business days for forms to be completed.
	1. Shot Records **$5.00**
	2. Physical Forms **$5.00**
	3. FMLA Forms **$10.00**
20. Billing complaints should be made in writing or via telephone to the attention of the Office Manager.

I have read and understand Summit Children’s Clinic Office/Financial Policies. I agree to keep Summit Children’s Clinic accurately informed of my child’s insurance status. I agree to keep Summit Children’s Clinic accurately informed of my current mailing address and telephone numbers.

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 Child’s Name & Date of Birth

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 Parent or Legal Guardian Printed Name Signature

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 Date