



23530 Kingsland Blvd. Ste. 100
Katy, TX 77494
Ph: 832-844-1470
Fax: 832-201-5322

FINANCIAL POLICY

UPON REGISTRATION, we will need the following information and items: Insurance Card (if you're a member of one of the plans we accept); the name, date of birth, and address of the plan member; the patient's address, date of birth, and; contact phone numbers for both parents and/or all guardians.

HEALTH INSURANCE CARDS: When scheduling each appointment, our team will verify your insurance information. Our office staff will verify your eligibility prior to or at check-in for each appointment. If your insurance information changes, please notify us as soon as possible. Please make sure you bring your card to every appointment.

HEALTH INSURANCE PLANS: Because we participate with many different plans, we can't know the provisions of each patient's policy. We do recommend that you make every effort to understand your insurance coverage and, if necessary, to contact your carrier before receiving services, so you can verify your coverage levels (such as those for preventive care), co-pay, deductible, and co-insurance responsibilities. Ultimately, it is your responsibility to ensure you are in-network. Otherwise you may be responsible for the full bill.

CO-PAYMENTS: We're contractually obliged to collect, and you're responsible to pay, your co-payment at the time of your visit. Please have your co-payment ready at check-in. If you don't pay your co-payment at the time of service, we'll need to add a fee (currently \$10) for the cost of billing you.

MISSED APPOINTMENTS: Life happens, so we understand that sometimes you can't make your appointment. Please call us at least one full business day in advance to cancel or change an appointment. If you don't call to cancel in advance, we reserve the right to charge a \$50 No-Show Fee to cover the cost of the unfilled appointment slot. Multiple missed appointments, or failure to comply with other Springtime policies, may result in dismissal from the practice.

BALANCES & DEDUCTIBLES: We're required, as detailed by the terms of our contracts with health insurance companies, for billing you for any portion of your treatment that your health insurance carrier does not pay and assigns as your responsibility. You are responsible for paying this portion of your bill.

LATE FEES / COLLECTIONS: If you don't make full payment (or call to set up a payment plan) within a reasonable time period, you will be charged a \$15 late fee. If your account



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maintains an open balance, it may be sent to collections and subject to an additional collection fee for per each applicable date of service. We may also pursue legal action to obtain payment. If you're having difficulty meeting medical bills, please let us know. We'll be happy to help you by setting up a payment plan. We encourage our patients to take advantage of this option, as we may have to dismiss from our practice patients who fail to meet their financial obligations.

RETURNED CHECKS: If you pay by check and your check is returned for insufficient funds (NSF), you'll be responsible for the amount of the check, plus a returned check fee of \$35. If more than one check is returned in any given period, we reserve the right to require all future payment by cash or credit card to prevent those situations from recurring.

FORMS: The cost of researching, filling out, and signing forms is not covered by health insurance programs. We charge a nominal fee to cover the costs of completing these forms. The fees are posted in the check-in area and may change from time-to-time.

GUARANTOR: The parent or guardian who signs the patient's paperwork is the party responsible for all charges and payments. Due to confidentiality laws, we can only bill the person who signs the practice paperwork. Therefore, if the person responsible for the medical bill changes, the new guarantor must fill out a new set of paperwork. If your payment circumstances change, please inform us right away.

SELF-PAY PATIENTS: If you don't have health insurance, we're out-of-network for your particular insurer, or you're receiving a non-covered service, payment at the time of the visit is required. For out-of-network plans, we're happy to submit a claim to your carrier on your behalf. We're also happy to work with families to create a payment plan for any noncovered services. Just ask us! Please see our separate financial policy for self-pay patients. Payments at time of service will receive a 40% discount.

ANNUAL PHYSICAL EXAM: During an annual physical exam many services are included and covered by your insurance. Occasionally during the course of your visit, new or urgent issues may be diagnosed and treated. Since these are not typically included in a preventative visit, we may bill them as a separate, problem-focused service on your preventative visit. In some cases, your insurance carrier may require that your co-insurance or deductible be applied.

Responsible Party's Name

Responsible Party's Signature

Date