



Practice Financial Policy

Welcome to Bee Caves Pediatrics! We encourage our patients to be aware of potential out of pocket costs in regards to their insurance coverage, whether for charges submitted by our practice, or by outside physician offices, labs, hospitals, or other health facilities. Your policy is a contract between you and your insurance company. We do not take financial responsibility for items or services that are transferred to patient expense, or not covered at all by your individual plan. **We recommend knowing the extent of coverage of your individual policy, and to question your insurance regarding your benefits. Do not assume that everything done in the physician's office is covered. Also it is your responsibility to make sure that we are considered in-network providers under your child's individual plan.**

Self-pay: Patients without insurance will be direct-billed at the time of service. Bee Caves Pediatrics will apply a discount to be applied to all services. Please call ahead to inquire about self-pay rates for specific services. **Payment will be due at the time services are rendered.**

Labs: We do not bill for any specialty laboratory testing. We will take a specimen here and send it to Clinical Pathology Laboratories or LabCorp. If your laboratory designated by your insurance company is anything other than Clinical Pathology Laboratories or LabCorp you will need to find which lab is the closest for you to have your lab work done there. **Failure to do so can result in a heavy expense to you.**

Monthly Statement: If you have a balance on your account, we will send you a monthly statement. It will only show charges that are owed as of that date. Your statement is expected to be paid in full within 30 days after receipt of the statement date, unless other arrangements have been approved in writing. If payment is not received within 30 days it is considered past due. We do reserve the right to dismiss your family from the office if your account cannot be maintained in a fair & equitable manner.

Required Payments: Any co-payments, co-insurance, or deductible amounts required by an insurance company must be paid at the time of service. These amounts due are determined by your insurance carrier.

Past Due Accounts: If your balance becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs, which are incurred. If we have to refer the collection balance to a lawyer, you agree to pay all lawyers' fees, which we incur, plus all court costs. In case of suit, you agree the venue shall be in Travis County, Austin, Texas.

Waiver of Confidentiality: You understand if "bad debt" accounts are submitted to an attorney or collection agency, if we have to litigate in court, or if any relevant past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

Missed Appointment Fee: If a patient does not show up on time for an appointment, or does not cancel 24 hours prior to the scheduled appointment time, a \$50 fee will be charged. Patients with three missed appointments will be asked to transfer their records to another doctor, at our physicians' discretion. Our offices are closed on Sundays; for Monday appointments needing to be canceled, contact our office via email at frontdesk@beecavespediatrics.com or via the patient portal 24 hours prior to the visit to avoid the \$50 fee.

After Hours/Saturday visit Fees: These services are considered urgent care and may have a different co-pay depending on your insurance company. Your insurance company may also forward additional charges to patient responsibility.

After Hours Calls: After hours calls are directed to the Triage Logic call center at (512) 548-0268. Please be aware that there is a \$27 charge every time you phone the call center, whether it is to seek advice or to have a doctor paged.

Returned Checks: There is a fee (currently \$25) for any checks returned by the bank. If we received more than one returned check on an account you will be required to pay with a credit card, money order or cash. We reserve the right to submit your information to the legal authorities, if rejected checks are determined to be a criminal matter.

Transferring of Records: If you want to have copies of your records transferred to another doctor, organization, or for your own personal files, you will be required to authorize this transaction, in writing, and pay a reasonable fee (currently \$25) to Bee Caves Pediatrics. If you are requesting your records to be transferred from another doctor to us, you authorize us to receive all relevant information.

I have read, understand and agree to the Financial Policies Statement above and have received a copy of the Bee Caves Pediatrics Financial Policy.

Printed Name (Parent/Guardian if patient is a minor): _____

Signature: _____

Date: _____

Under the HIPPA Privacy Laws, anyone that has permission to any information regarding your account must be listed below:

Name: _____

Relation: _____

Name: _____

Relation: _____