

Cinco Ranch Pediatrics Financial Policy

Please initial beside each statement in order to indicate your understanding and acceptance of said policy:

_____ **Payment at Time of Service**

Payment of copay, coinsurance, deductible, and any outstanding balances must be paid-in-full at the time of service. Amounts over \$50 must be paid in advance of any services being rendered.

_____ **Methods of Payment**

Payment may be made by cash, Visa, Mastercard, or Discover.

_____ **Appointment Cancellation**

Due to the high demand for well visits and behavioral consultations, failure to provide 24 hours notice when canceling said appointments will result in a \$25 fee being assessed. Please be advised that reminder phone calls are made as a courtesy to you and do not relieve you of responsibility for remembering your child's appointment.

_____ **Benefit Assignment**

By initialing here, I assign all rights, title and interest and assign direct payment of insurance benefits to Kirsten A. Lentsch, MD, PA dba Cinco Ranch Pediatrics. I authorize Cinco Ranch Pediatrics to bill my insurance or third party-payor and to receive payment directly from them.

_____ **Primary Insurance**

Cinco Ranch Pediatrics will file claims on your behalf to your primary insurance carrier. It is the parent's responsibility to provide accurate, current insurance information in advance of each visit. Insurance eligibility will be verified prior to care being rendered. Claims not paid by your insurer within thirty days of filing will become the responsibility of the parent.

_____ **Secondary Insurance**

Cinco Ranch Pediatrics will not bill any secondary insurance. After the primary insurance has processed the claim, payment of any remaining balance is due promptly from parent/guardian to Cinco Ranch Pediatrics. Parents may then choose to file the claim with their secondary carrier in order to seek additional direct reimbursement.

_____ **Insurance Requests for Information**

Please be advised that insurance companies are increasingly delaying payment of claims as they await additional information from parents. Parents must follow up any requests for information to confirm that the information has been received and that the claim is being processed. Claims not paid within 30 days of the original insurance request for information will be the parent's responsibility.

_____ **Statements/ Collections**

Statements regarding outstanding balances will be mailed after your insurer processes your claim. Any account balance not paid within 30 days after mailing of said statement may result in your account being referred to our collections agency. Please be aware that if your account is turned over to our collections agency, you will be responsible for the outstanding balance as well as any fees associated with the collections process and you will be ineligible to receive additional care at Cinco Ranch Pediatrics, in accordance with Texas Law.

I have read the above policy and have been given the opportunity to ask questions. I certify that I am legally responsible for the financial obligations of the child(ren) listed below. I agree to abide by the above policy.

Parent/Guardian: _____

Date: _____

Printed Name: _____

Children's Names: _____

Children's Names: _____
