

***Pediatric Heart Specialists***  
***7777 Forest Lane, Suite C-855***  
***Dallas, Texas 75230***

**Financial Policy**

Thank you for choosing *Pediatric Heart Specialists!* We are committed to the success of your medical treatment and care. Please understand that payment of your bill is an essential part of this treatment and care.

For your convenience we have answered a number of commonly asked questions about our financial policy. If you need further information, please ask to speak with a billing specialist or the practice administrator.

***How may I pay?***

We accept payment by cash, check, Visa, MasterCard, Discover or American Express.

***Do I need a referral?***

If you or your employer subscribes to an HMO plan with which we are contracted, you do need a referral from your primary care physician. You must have this PCP registered with your insurance company as your primary care physician; otherwise, the insurance company will not recognize the referral you have obtained. If we have not received authorization prior to your arrival at the office, you will either need to reschedule your appointment or pay in full for all services provided.

***With which plans are you contracted?***

We have contracts with most of the major insurance carriers. Since plans vary and change often, please give us complete information on your plan to assure contracted status. It is your responsibility to provide our office with any change of insurance information. If you neglect to update your insurance data in a timely manner, you will be responsible for all charges.

***What is my financial responsibility for services?***

Your financial responsibility depends on a variety of factors. Some of these are explained below.

<b>If you have ...</b>	<b>You are responsible for ...</b>	<b>Our staff will ...</b>
<b>Commercial Insurance</b> , also known as indemnity, "regular" insurance or "deductible, % coverage"...	Payment of the patient responsibility for all office visits, diagnostic tests and other charges at the time of the office visit.	Call your insurance company ahead of time to determine deductibles and coinsurance.  File an insurance claim as a courtesy to you.
An <b>HMO or PPO with which we are contracted...</b>	If the services you receive are covered by the plan, all applicable co-pays and deductibles are requested at the time of the visit.	Call your insurance company ahead of time to determine deductibles and coinsurance.  File an insurance claim on your behalf.
An <b>HMO with which we are NOT contracted...</b>	Payment in full for office visits, diagnostic tests and other charges at the time of the office visit.	Provide the necessary information for you to complete and file your claim directly with the insurance company.
<b>A Point-Of-Service or out-of-network PPO...</b>	Payment of the patient responsibility—deductible, co-pay, non-covered services—at the time of the visit.	Call your insurance company ahead of time to determine out-of-network benefits, co-pays, deductibles and non-covered services.  File an insurance claim on your behalf.

<b>Medicare...</b>	If you have not met your \$125 deductible, we ask that you pay it at the time of service, as well as the 20% coinsurance.  Any services not covered by Medicare are requested at the time of the visit.	File the claim on your behalf. We will include any secondary coverage information on that claim so Medicare will forward the claim to your secondary carrier.
<b>Managed Care Medicaid...</b>	No payment at time of service if you have a valid referral from your primary care physician. If you have no referral, full payment is due at the time of service.  Bringing a copy of your current Medicaid eligibility letter.	File the claim on your behalf.
<b>Traditional Medicaid...</b>	No payment at the time of service.  Bringing a copy of your current Medicaid eligibility letter.	File the claim on your behalf.
<b>CHIP programs...</b>	Payment of the patient co-pay if you have a valid referral from your primary care physician. If you have no referral, full payment is due at the time of service.	File the claim on your behalf.
<b>No insurance...</b>	Payment in full at the time of the visit. We will give you a 40% discount if full payment is made. If you need to make payment arrangements, the discount will not apply.	Work with you to settle your account. Please ask to speak with a staff member if you need assistance.
<b>Secondary insurance...</b>		Provide any information you need to file your claim with your insurance company.

Due to the nature of our specialty, we have a waiting list of patients needing to be seen. Therefore, we require at least 24 hours notice for a canceled appointment so we can see those patients quickly. **If you do not notify us 24 hours in advance, you will be charged a \$50 cancellation/no show fee.**

**Note: If you fail to meet your financial responsibility and are referred to an outside collection agency, you will have the full collection fee added to your total balance owed.**

**I have read and understand the above terms and payment obligations. I agree to pay any and all charges that are my obligation according to my insurance plan or that are not covered by insurance.**

\_\_\_\_\_  
Signature of responsible party

\_\_\_\_\_  
Date