



FINANCIAL POLICY

We at Child Neurology & Stroke of Houston, PLLC (CNS of Houston) are committed to providing you with quality care. As a patient of Child Neurology & Stroke of Houston, you are financially responsible for all medical services. Your clear understanding of our financial policy is important to our professional relationship. Our office will be pleased to discuss our professional fees with you at any time. Please ask if you have any questions about this financial policy.

PATIENT/INSURANCE/VERIFICATION INFORMATION:

As a patient, you are responsible for providing accurate and complete insurance information. Your health insurance is a contract between you and your insurance company. It is your responsibility to contact your carrier to verify if provider is in network, coverage and payment obligations. At the time of scheduling your appointment, you will be asked to provide your insurance information. Our office reserves the right to contact your health insurance carrier to verify your coverage and payment responsibilities. This is not a guarantee of payment. If we are providers with your insurance carrier, as a courtesy to you, we will file a claim with your insurance carrier. Again, your health insurance is a contract between you and your insurance company. We are not a party to your contract. Therefore, Child Neurology & Stroke of Houston cannot become involved in disputes between you and your insurance company regarding deductibles, non-covered charges, co-insurance, secondary insurance, coordination of benefits, pre-existing conditions, or “reasonable and customary” charges other than to supply factual information as necessary. You are responsible for timely payment of your account. At check-in you will be asked to provide your insurance identification card, social security number, and state-issued identification. This is for your protection as well as to ensure that no changes in coverage have occurred.

PATIENT BALANCES:

We bill your insurance carrier solely as a courtesy to you. You are responsible for the entire bill when the services are rendered. We require that arrangements for payment of your estimated share be made today. Any patient balance due after your insurance company has processed your medical charges will be billed, this balance is due upon receipt. If the balance is not paid or payment agreement established, your account will be forwarded to an outside collection agency within 60 days of the first billing statement. Upon arrival for an appointment, any outstanding balance due will be collected at check in.

SELF-PAY/NON-CONTRACTED PLANS/NON-COVERED SERVICES/THIRD PARTY CLAIMS: Payment in full will be collected at the time of your office visit.

CO-PAYMENTS/DEDUCTIBLES/COINSURANCE: All co-payments, applicable deductibles and coinsurance amounts will be collected upon patient check-in. In compliance with our contract with your insurance



carrier, CNS of Houston cannot discount/waive any co-payment, deductible and/or coinsurance amounts.

UNACCOMPANIED MINORS: Minor must have an authorization for medical treatment signed by his/her parent/guardian and is responsible for providing current insurance information for self. Please note that co-payments and/or deductibles are expected at the time of service.

CANCELLATION POLICY: Our office works very diligently to schedule all appointments in a timely manner; therefore if you request to reschedule or cancel an appointment, we ask for at least 24 hours notice prior to your appointment date. Failure to provide 24 hours notice when canceling said appointments will result in a \$25 fee being assessed.

LABORATORY: I authorize and understand that I am responsible for the cost of any testing or lab services performed for me and that billing of such services may be billed independently by another physician or laboratory if my insurance doesn't pay or I am a self-pay patient.

REGARDING DIVORCE: CNS of Houston does not get involved in disputes between divorced parents regarding financial responsibility for their child's medical expenses. By signing as guarantor below, you agree to be financially responsible for the care we provide to your child, regardless of whether a divorce decree or other arrangement places that obligation on your former spouse.

METHODS OF PAYMENT

Our office accepts cash, Debit, VISA, Discover, and MasterCard.

- I have read the Financial Policy of Child Neurology & Stroke of Houston.
- I understand that I am personally responsible for payment on my account. I will be responsible for all costs of collecting monies owed, including court costs, collection agency fees and attorney fees if payments I am responsible for is not receive in a timely manner.
- In the event my insurance company deems a service to be "non-covered", I understand that I am personally responsible for payment.

Guarantor Signature: _____ Date: _____

Print Name: _____ Guarantor Date of Birth: _____

Relationship to Patient: _____

Patient(s) Name: _____ Patient Date of Birth: _____