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# *FINANCIAL POLICY*

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## **PAYMENT IS EXPECTED AT THE TIME OF SERVICE:**

Payment is required at the time services are rendered regardless of who brings in the patient for the appointment unless other arrangements have been made in advance. This includes applicable co-insurance, co-payments, and deductibles for participating insurance companies. Fees may be paid by cash, check, MasterCard, Visa, Discover or American Express.

If your insurance plan requires, you must contact them PRIOR to a first appointment to name us as your Primary Care Physician. Parents are ultimately responsible for any charges or portion thereof for which payment is denied by insurance for whatever reason, except were prohibited by law or prior contractual arrangement.

You will receive a statement from our office indicating what your insurance has paid. Any remaining balance is due upon receipt of that statement. Unpaid balances may accrue interest if not paid within 30 days. Your account may be referred to a collection agency if your account balance is not paid within three months.

## **MISSED APPOINTMENTS:**

We understand that emergencies can and do occur. We ask only that you call our office BEFORE your scheduled appointment, preferably a day in advance, to let us know that you are unable to keep the appointment. All appointments missed or cancelled on the same day will be subject to a charge starting at \$25.00 up to \$50.00, at the physician's discretion. Excessive abuse of scheduled appointments may result in discharge from the office.

## **RETURNED CHECKS:**

A \$30.00 charge will be added to your account for any check returned by your bank for any reason. We will no longer accept your check for any future payments.

## **MEDICAL RECORDS:**

We will provide you a copy of your medical records upon request. You will need to sign a letter of release at the time of pick-up or prior. Please allow 7-10 days for the office to copy your records. There is a charge, based upon the volume of the medical record, that is payable upon receipt of the copy. Rates charged are within Texas state statutes.

## PHYSICAL/SPORTS/CAMP FORMS:

There will be a charge of \$10.00 for the completion of physical forms unless completed at the time of the physical. Payment is due at the time that you pick up the form. The form will be completed within two days. If the form is needed urgently (same day or within 24 hours), the charge will be \$15.00.

## Medication Refills/ Prescribed Medication Without Office Visit:

There will be a charge of \$10.00-\$30.00 (At the physician's discretion) for Medication Refills/Prescribed Medications not requested/done at the time of the Physical or without Sick Visit. Payment is due when medication is sent.

## DIVORCED/SEPARATED PARENTS:

Section 151.003(a)(3) of the Texas Family Code imposes upon each parent the duty to support their children, including providing of medical and dental care. A parent who fails to discharge their duty is liable to any third party who provides necessities to those whom support is owed. A spouse's duty to support the other spouse and/or to support their children subjects the entire community estate and each party's separate estate to meet those obligations. [see Trevino vs. Trevino, 555 S.W. 2d 792 (Tex. Vic. App. - 1977 , see also Graham vs. Graham, 836 S.W. 2d 308 (Tex. App. 6 Dist. 1992 )].