



Financial and Office Policies

Initial
Below

Thank you for choosing us as your healthcare providers. We are committed to providing you with quality and affordable healthcare. The following are our Financial and Office Policies. Please read, initial on the left, sign at the bottom and return to the front office representative. Please ask us any questions that you may have.

_____ **Patient Responsibility:** We participate in many insurance plans. We recommend you become familiar with your insurance benefits and confirm our participation with your plan. Most misunderstandings about insurance can be avoided if you understand what your policy covers. ***Please contact your insurance company with any questions you may have regarding your coverage.***

_____ **Insurance Carriers Requiring Referral:** If you are referred to a specialist and your insurance carrier requires a referral number, our office must have at least a 48-hour notice in order to complete that referral.

_____ **Proof of Insurance:** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your valid driver's license and a current, valid insurance card. Please bring these items with you to each visit. Payment in full is required if we are unable to verify your current insurance information.

_____ **Payments due at the time of service:** Co-pay, deductible, co-insurance

- Cash pay (no insurance) – 30% Prompt Pay Discount
 - The discount includes all charges not covered by an insurance plan, excluding BioTe services.
- ***Payment not made at the time of service will incur a \$50 processing fee.***

_____ **Claims submission:** If we are contracted with your insurance company, we will submit your claims. Your insurance may require additional information from you in order to process the claim. Failure to comply with their request within 30 days will result in full patient responsibility for the claim.

_____ **Nonpayment & Returned Checks:** Unpaid accounts will be referred to an outside collection agency and could result in dismissal from the practice. ***There will be a \$30 fee for all returned checks.***

_____ **Late Arrivals:** Please arrive 15 minutes before your appointment. If you arrive late to your appointment, our office may have to reschedule your appointment to a new time or date.

_____ **No shows:** Please notify us 24 hours in advance by phone or secure portal if you must cancel or change your appointment time. ***Failure to do so will result in a \$50 no show fee that is not covered by your insurance. A third no show may result in dismissal from the practice.***

_____ **Prescriptions:** There will be a \$10 charge upon pick-up for all triplicate prescriptions given outside of any regularly scheduled appointment. We require a 48-hour notice for all refills requested.

www.villagehealthpartners.com

www.villagepediatricsplano.com

Signature

Date

Updated 06/2017