



5501 Independence Pkwy Suite 300  
Plano, TX-75023 | 972.867.8979  
[www.carefirstpediatrics.net](http://www.carefirstpediatrics.net)

## Financial Policy

### Insurance:

As a courtesy to our patients, we will gladly file the forms necessary so that you receive the full benefits of your medical coverage. We ask that you read your insurance policy to be fully aware of any limitations of the benefits provided. If your insurance company denies coverage, or we otherwise do not receive payment 60 days from filing your claim, the amount will then become due and payable by you. Remember that your coverage is a contract between you and your insurance company and/or your employer and your insurance company. Although we will make a good faith effort to assist you in obtaining your benefits, we cannot force your insurance company to pay for the services we have provided to you.

### Copayments and Deductibles:

Depending on your insurance policy, a copayment and/or deductible or coinsurance may be required at the time of service. Payment may be made in cash, by check or by credit card. We also accept Health Savings Account (HSA) cards for payment.

Please note that the copayment is a contractual requirement from the insurance company and cannot be written off by the clinic. If you participate in a High Deductible Health Plan (HDHP) and have not yet paid your deductible in full, it is likely that any non-preventive services will require payment at the time those services are rendered. Coinsurance may apply even after meeting your deductible. Please see our "Health Insurance 101" document on our website for a better explanation of these terms.

### Patients Without Insurance Coverage/Non-covered expenses:

We are happy to work with families that prefer to pay directly for services or do not have insurance. For such patients, a time of service discount will be applied to the bill if settled in full on the day of service. This discount does not apply after the day of the visit. The same discount will be applied to any non-covered charges for patients with insurance, if paid at the time of service. This discount can not be applied toward the "patient responsibility" portion of covered charges, as those charges are already discounted through the contract we maintain with your insurer.

### Financial Arrangements:

Because we realize that every person's financial situation is different, we provide a variety of payment options. For your convenience, we accept all major credit cards and checks. (Returned checks will be subject to a \$35 returned check fee). If the check is returned for any reason, you will have 7 days to contact our office and arrange another form of payment.

**Appointments/Cancellations:**

We gladly reserve appointment times for you and appreciate that you have chosen Carefirst Pediatrics for your care. As a courtesy, we will remind you of your appointment by calling and/or sending a text or email to remind you of your scheduled date and time. If we cannot speak to you directly, we will leave a message for you. However, in the event your mailbox is full or your line is busy, our efforts to contact you may be unsuccessful. An appointment is a contract of time reserved for your treatment. We respect our patient's valuable time and we request the same courtesy from our patients. Please extend this courtesy should you need to cancel and/or reschedule your appointment.

We reserve the right to charge \$25 for regular appointments cancelled without advance notice of at least 1 business day. Appointments that are scheduled for the same day and then cancelled, as well as no-shows for an appointment, may be assessed a \$50 charge. After three no-shows or same-day cancellations, your family may be dismissed from the practice.

**Patient/Parent/Guardian Responsibility:**

- I understand that whomever accompanies my child to their appointment has authorization to consent to medical care as needed, *and is responsible for payment of medical services.*
- I acknowledge my responsibility for payment of all services provided by Carefirst Pediatrics in accordance with the practice's fees and terms.
- In the cases where a parenting plan exists, the parent that brings the child in for the appointment is considered the guarantor and is responsible for payment.

**Late Fees:**

I understand that my account becomes delinquent if not paid within 30 days after billing and the unpaid balance becomes subject to a monthly finance charge of 1.5% (18% APR) or \$35, whichever is greater. Any further delinquency will warrant the balance and any administrative fees being assigned to a collection agency.

**Assignment and Release:**

I authorize payment to be made directly to Carefirst Pediatrics by my insurance company, and I accept financial responsibility for all services not covered by my insurance. I authorize release of any medical care information requested by my insurance company. My signature below acknowledges that I have read and understand this information.

**Credit Card on File Policy:**

Carefirst Pediatrics is committed to making our billing process as simple and easy as possible. We require that all patients provide a credit card on file with our office. We will scan your card with a card reader. It will store your card number in a secure, compliant location in your electronic medical record. For security reasons only the last four digits will be visible to our staff. Credit cards on file can be used to pay copays and other charges (such as toward the deductible or for non-covered services) at the time of the visit.

Once processing the visit with your insurance, you may owe part of the patient responsibility fee. If we do not receive payment for the amount listed on your statement within 13 days, we will run the credit card on file for the full amount owed. If your payment is declined, we will call you. If our reminder call is not returned within one week, a \$35 declined payment fee will be applied and another statement will be mailed. Your account becomes delinquent if not paid within 30 days after the date of the original statement. The unpaid balance will be subject to a finance charge of 1.5% (18% APR) or \$35, whichever is greater. Further delinquency will be subject to collections with additional finance fees.

For families who do not wish to leave a credit card on file, you will be obligated to maintain a \$50 balance, per child, with the practice. That balance will be used for any unpaid patient responsibility, as outlined above, and will need to be replenished before a member of the family can be seen in the practice again.

By signing below, I give Carefirst Pediatrics permission to charge my credit card for any patient balance due on my account. If I have insurance coverage, my card will be charged AFTER my insurance has paid their portion.

**Name (please print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient's Name and Birth Date:**

\_\_\_\_\_

**Signature of Responsible Party (Guarantor):**

\_\_\_\_\_

**Relationship to Patient(s) (please check):**  Parent  Self  Other: \_\_\_\_\_

**Witness Signature:**

\_\_\_\_\_

**Note:** *The patient (or guarantor) must sign this sheet and present valid photo identification before the patient can be seen. This is for your protection and to prevent fraud.*

### **Notice of Privacy Practices Written Agreement:**

I also acknowledge that I have read a copy of Carefirst Pediatrics' Notice of Privacy Practices. I understand a written copy will be provided to me at any time upon my request. I understand Carefirst Pediatrics has a link to the Notice of Privacy Practices on the practice website ([www.carefirstpediatrics.net](http://www.carefirstpediatrics.net)).

**Name (please print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent / Guardian / Patient:**

\_\_\_\_\_

## Waiver for Non-Covered Charges

We pride ourselves on providing only the **highest quality care** for your child and do this by following many of the American Academy of Pediatrics' clinical guidelines and other trusted sources for evidenced-based clinical outcome information.

However, insurers rarely keep pace with guidelines or want to cover services related to meeting these clinical recommendations. In fact, insurance company rules and policies change all the time. As prompt and appropriate treatment of your child is of primary importance to us, we ask that you sign a 'waiver' giving us permission to perform screenings, tests and non-covered services as we, your trusted providers of care, deem necessary.

Following is a list of the most frequently provided services for which we request a signed waiver and that you can use to determine coverage with your insurer.

### Vision Screening

**Snellen Testing.** This is a simple screening performed with the use of a Snellen eye chart used to measure visual acuity on older children.

**Instrumental Vision Screen(photoscreening)-** This is an important test for early detection of eye and vision problems in infants and young children. Amblyopia (or 'lazy eye') occurs when the brain does not receive proper images from the eye. If it is not diagnosed in early childhood, there may be a permanent loss of vision in the affected eye.

As we consider these to be important tests for your child, and will routinely perform them at annual well visits, if your insurer does not cover the charge, we will significantly discount the amount. For Snellen tests the discounted price is only \$15.00, and for VEP tests the discounted price is \$30.00.

### Hearing Screening: Pure Tone Audiometry (PTA)

This is an important hearing test and can be used on newborns through adulthood. It does not require a soundproof room or the ability of the child to understand instructions or respond to sounds, which makes it a much more accurate screening tool for picking up on hearing issues at any age.

Not only do we believe that hearing screens should be performed every year, but testing is required for most preschools, public and private schools, and for some sports. As we consider this to be an important test for your child, and will routinely perform it at annual well visits, if your insurer does not cover the charge, we will significantly discount the amount to \$15.00 per test.



5501 Independence Pkwy  
Suite 300  
Plano, TX-75023

Phone 972.867.8979  
Fax 972.758.0851  
Website [www.carefirstpediatrics.net](http://www.carefirstpediatrics.net)

## Developmental Testing

Developmental screening (including standard pediatric developmental screening done at well-visits, Connors forms, Edinburgh post-partum depression screening, M-CHAT tool to detect autism, and more) are very important in the assessment of any development delays or potential problems. As we consider these to be important tests for your child, and will routinely perform them at annual well visits, if your insurer does not cover the charge, we will significantly discount the amount to \$10.00 per test. Please note that at some visits, there may be more than one screening tool used.

## In-office lab tests

Often, patients want to know as soon as possible if their child has the flu, strep, etc. We can effectively and efficiently determine that by performing in-office testing. Many insurers do not pay for in-office testing because they have contracts with external labs to provide these services. However, sending tests out to external labs results in waiting days for results that we can provide to you much more quickly (in some cases, within minutes or overnight). We believe it is important to treat your child as quickly as possible, and therefore offer these services in-office.

**In-office** labs and fees include:

In-office Test	Fee
Rapid RSV	\$25.00
Rapid Flu	\$25.00
Rapid Strep	\$15.00
Urinalysis	\$10.00
Pregnancy Test	\$10.00
Strep DNA PCR	\$40.00

## Ear Piercing

In addition to screenings and lab tests, we also offer ear piercing which is not a covered service by your insurance company. We charge \$95.00, which includes a pair of plain stud earrings. You may select a different pair of earrings by paying in advance and covering any additional fees.

## Sports Physicals

When done at the same time as a well-child check-up, sports forms are completed free of charge. We will also complete them free of charge if your child has been seen for a well-child check in the past six months. There will be a \$10 fee for forms needed in < 3 business days.

Many of these forms require a vision test, so if it was not performed at the time of the check-up your child will be asked to return for a nurse visit. There will be a \$15 fee for performing the visual acuity test.



5501 Independence Pkwy  
Suite 300  
Plano, TX-75023

Phone 972.867.8979  
Fax 972.758.0851  
Website [www.carefirstpediatrics.net](http://www.carefirstpediatrics.net)

If your child has never had a check-up with our practice, and/or their last check-up was greater than 6 months ago, we are happy to schedule a visit for a sports clearance. This is a non-covered visit and will incur a \$40 charge.

## Fluoride Varnish

Both the American Academy of Pediatrics and the American Dental Association agree that fluoride varnishes should be applied at every well-child visit beginning from the first tooth eruption until a child begins seeing the dentist regularly. We are happy to offer this service to help protect your child's teeth from cavities. If your insurance does not cover it, we will discount this service substantially and offer it for \$10 per application.

Please sign the following waiver, indicating that you are aware that these charges may apply in the event that your insurance company does not cover these services.

## Waiver Form Acknowledgement of Receipt

I acknowledge receipt of the Waiver List and have been informed of, and hereby attest that I fully understand my financial responsibility for any balance resulting from non-covered services, or services not covered in-office, by my insurer. I agree to pay the amount of the charge as stated herein, in the event that my insurer does not pay for these services.

Patient(s) Name [please list all in family]:

---

---

---

Guarantor / Responsible Party's Name:

---

Guarantor / Responsible Party's Signature:

---

Date: \_\_\_\_\_

Thank you!



5501 Independence Pkwy  
Suite 300  
Plano, TX-75023

Phone 972.867.8979  
Fax 972.758.0851  
Website [www.carefirstpediatrics.net](http://www.carefirstpediatrics.net)