

## WESTSIDE PEDIATRICS FINANCIAL POLICY

It is Westside Pediatrics' (Westside's) policy to collect your co-pay and unmet deductibles when you present for your appointment. You should bring your current insurance card(s) with you to every visit. Failure to provide accurate and current insurance information may result in the balance becoming your responsibility. Any service deemed "non covered" by your insurance carrier will be your financial responsibility.

### In-network Terms

If you have insurance and Westside is an **in-network provider** for your insurance plan, you may be asked to pay an estimated out of pocket amount at the time of service, based on your insurance plan's deductible, coinsurance and/or co-payment requirements. We accept payment in the form of debit or credit cards (Visa, MasterCard, Discover, and American Express). For the safety and security of the practice, we do not accept cash or checks. Because this is only an estimate, and your benefit level may have changed at the time of insurance processing, any remaining balance after your insurance plan pays will be due within 30 days of the date of Westside's invoice.

### Out-of-network Terms

If you have insurance and Westside is **not** in your network, we will send a courtesy claim to your insurance company and we will simultaneously send you a Patient Balance Due invoice for our services. You may be asked to pay a pre-determined amount of your expected out-of-pocket at time of service. If we are out-of-network, or not contracted with your health insurance company, the responsibility for the balance due rests with you or the guarantor listed on your account.

### Self-pay Patients

Self-pay patients are expected to make payment at time of service.

### Patient Account Management Policies

Patient payments and credits are applied to the oldest charges first. Insurance payments are applied to that corresponding date of service. Refunds will be provided within 30 days from the date the patient's insurance posts payment for the outstanding claim.

For any unpaid patient balance, we expect payment in full within 30 days of date of invoice. If a payment arrangement has been established, you will receive a statement from us every 30 days until your balance is zero. To establish a payment arrangement, you may do so in person at the office or call the office phone number at (281) 578-5788, and ask to speak with the office manager.

If a formal payment arrangement has not been set up or the account balance has not been satisfied in full 30 days after the date of Westside's invoice, Westside will mail you a Final Notice letter reiterating the outstanding account balance and financial responsibility of the patient. If your account remains unpaid for 30 days after the Final Notice letter has been mailed, Westside will then consider your account delinquent, consider you for termination as a Westside patient, and consider the referral of your account to a collection agency.

Delinquent Accounts and Termination

Patients with delinquent accounts, that is, accounts with balances more than 60 days old, who have not established payment arrangements may be considered for termination. The process for termination includes the following: (i) thirty days written notice of our intent to terminate will be sent to the last known address by certified mail, return receipt requested; (ii) the notice shall include the date of termination and the amount due; (iii) a list of alternative providers the patient may use for future needs; and (iv) a person to contact within the practice for any questions about the notice or their account balance. A terminated patient who presents with an emergency condition will be seen and evaluated. Once their condition has been stabilized, they will be directed to the nearest emergency room.

**AGREEMENT:**

I have read and understand Westside Pediatrics Financial Policy and agree to its terms. I also understand and agree that such terms may be amended by Westside at any time.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name of Patient