



Sugar Land Pediatric Clinic  
**FINANCIAL POLICY**

**Thank You** for choosing Sugar Land Pediatric Clinic as your health care provider. We are committed to your satisfaction and to your child's good health. Please assist us in meeting your expectations by reviewing our Financial Policy below.

You will be asked to complete a registration form, which includes home address, telephone number and social security number. We also request a copy of your driver's license or other picture identification to include in your record.

For your convenience, we accept cash, checks, credit and debit cards (American Express, Visa, Master Card, and Discover Card).

Sugar Land Pediatric Clinic has contracted with many managed care plans. Your insurance coverage is between you and your insurer. We try to determine your coverage as accurately as possible but verification, especially online, may not be correctly entered by your insurer at the time of your visit.

If benefits and eligibility cannot be verified prior to service, you will be required to pay for services in full. Any charges denied by your insurance will be your responsibility. If you pay for services that are later covered by the insurance for the date your child was examined, our practice will issue you a refund or have a credit on your account, whichever you prefer.

Copays and deductibles must be paid at the time of your child's visit. Most plans do not have a copay for a well child visit and most immunizations are covered. **HOWEVER**, some plans have a limit on well child coverage including the immunizations. Check your plan for details.

Your insurance determines which labs may be used and which medications are covered. We try to choose medicines that are preferred on your insurer's formulary (drug list) but sometimes these medicines are not preferred by your physician for your child's treatment.

Review your insurance plan. Our staff will do their best to help you understand the coverage you have chosen. Remember that the parent, step parent, guarantor or whoever accompanies the child for the visit, must pay the copay and/or deductible at the time of visit.



Sugar Land Pediatric Clinic  
**FINANCIAL POLICY**

For those with no insurance, full payment of a discounted charge is payable at the time of the visit.

If your child is scheduled for a well child preventive visit and problems are noted during the exam which require future evaluation or referrals to specialists or if you schedule a well child visit but intend to discuss major concerns, such as attention deficit disorder, a chronic illness, such as asthma or allergies, recurring headaches or abdominal pain, please understand there may be a copay charge at the time of the visit for your doctor to talk with you about these concerns.

Please designate your provider doctor's name.

This is important insurance information for coverage.

If another provider name is listed as your PCP, you will be asked to change the name to your Sugar Land Pediatric Clinic doctor's name before you are seen.

You have a maximum of 30 days to add a newborn baby to an existing plan. For your 1<sup>st</sup> visit, please bring all hospital newborn discharge information for a new baby. For all other patients, please bring your immunization record and any other medical records you have for your child. Please also bring the name and address of previous doctors for records release information.

### **Questions**

If you have any questions concerning charges, filing insurance claims, or billing, please call us at 281-207-9191. Bring your insurance card to EVERY visit.

**I, THE GUARANTOR, HAVE READ AND AGREE TO THE TERMS REGARDING PAYMENTS AND PAYMENT RESPONSIBILITY.**

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relation to patient:

Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_