



IMPORTANT INFORMATION PLEASE READ

Financial Policies

Kids First Pediatrics (KFP) has established the following policies with the intent to build a clear and transparent relationship with our patient families. It is our hope that these policies assist in avoiding misunderstandings about payment for professional services and allows us to provide the highest quality of care to all our patients.

- **MISSED APPOINTMENTS/LATE CANCELATIONS:** **The following will incur a \$50 No Show fee:** 1) Missed or cancelled well appointments, med-checks, or consults without 24-hour notice, 2) Arriving more than 10 minutes late for a well appointment (may also be required to reschedule, 3) Sick appointments canceled less than 2 hours before the appointment time. **Due to the impact on other patients, repeated missed appointments will result in being dismissed from the practice.**
- **INSURANCE & ID:** Due to the ever-changing number of insurance plans, we are unable to always know if your plan is in network and contracted with KFP. Therefore, a current insurance card must be provided before each and every visit so we may verify your benefits. **If your current insurance card is not received within 3 days of your visit, you will be financially responsible for the full amount of services rendered.** To help prevent identity theft and medical fraud, please provide a picture ID with your insurance card at each visit.
- **PRIMARY CARE PROVIDER (PCP) DESIGNATION:** If you have an HMO or Marketplace plan, you must ensure we are designated as your child's PCP with your insurance company before your visit. Failure to do so may result in your insurance company denying your claim leaving you responsible for charges incurred.
- **SECONDARY INSURANCE:** KFP does not file secondary insurance. You must provide the information for the primary policy (this is determined by which of the policy holders' birthdates fall first in the year). If you choose to file to the secondary insurance on your own, you must request that an itemized receipt be mailed to you at check-out for each visit.
- **NON-COVERED SERVICES:** Be aware, some procedures (recommended by the AAP) may be ordered by the medical provider to better diagnose or treat your child and may not be covered in full by your insurance company. **We will not be able to determine these specific procedure(s) ahead of time. You are financially responsible for services not covered.**
- **WELL VISITS:** **If a non-routine issue or symptom (considered by your insurance as a "sick" visit) comes up during the course of a well exam, Kids First will document this as part of the medical history for treatment purposes and it will therefore be filed with your insurance company. If your policy deems this NOT to be part of your preventative care visits, you will be financially responsible for the additional co-payment, co-insurance, or deductible.**
- **FORMS:** All forms, received from the parent or school require time for the medical provider to review the patient's chart before signing. Therefore, forms completed outside of an office visit, will incur a **\$10 fee** due upon receipt. Requests for letters and forms requiring significantly more medical provider review time may incur additional fees.
- **SCHEDULE I & II PRESCRIPTIONS:** There will be a **\$10 charge** for Schedule I & II prescriptions that are not picked up and filled before they expire. (You have 21 days from when the prescription is written to have it filled at your pharmacy.) Pharmacy charges for previously submitted Schedule I & II electronic prescriptions will incur a **\$10.00 fee** per prescription.
- **STATEMENTS:** We will send a statement (to the billing address you provide) notifying you of any balance over \$5. Payment is due upon receipt of the statement. If you have any questions or dispute the validity of the balance, it is your responsibility to contact our billing office. Accounts over 60 days past due may be referred to an outside collection agency. If your account is assigned to a collection agency, you will no longer be able to receive services from KFP.
- **PAYMENT:** **Co-payments, co-insurance, deductibles, and self-pay discount program balances are due at the time services are rendered.** An account paid by check which is returned by the bank unpaid for any reason will be charged \$30 in addition to the original balance. We may also seek additional legal remedies under Texas law.
- **PAYMENT PLANS:** If you are not able to pay the balance in full, you must contact our billing office to discuss a payment plan. Payment plans may be arranged in special circumstances and only by providing a credit card or debit card with automatic payments set for scheduled dates.
- **PATIENTS WITH DIVORCED PARENTS:** Responsibility for payment for treatment of minor children, whose parents are divorced, rests with the parent who seeks treatment. Any court ordered responsibility judgement must be determined between the individuals involved, without the inclusion of KFP.

I have read and understand these financial policies. _____

Parent/Guardian Signature

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