



Guarantor Financial Agreement and
Authorization for Treatment

Practice Policies:

- You will receive a monthly statement if there is a balance due.
- All outstanding balances must be paid within 90 days unless a payment plan has been arrangement with our billing department.
- If your account is placed in collection for failure to pay an outstanding balance, we reserve the right to dismiss patient from our practice.
- You are responsible for any bank charges associated with Returned Check
- If there is an outstanding patient balance for more than 60 days, we cannot schedule well child care.
- Well visits and or Med Eval's not cancelled 24 hours before the scheduled time are subject to a \$75 charge. This charge must be paid prior to scheduling next appointment.
- Wimberley Pediatrics reserves the right to charge a reasonable and customary fee for the preparation of medical records for transfer. Payment is due upon receipt of the document(s). All outstanding balances must be paid prior to sending records.
- You will receive a copy of your child's immunization records during office visit which your child receives immunizations. If additional copies are requested, there will be a \$5 charge per child.
- An after-hour convenience Fee of \$25.00 in addition to any co-pay or self-pay fee-for-service may be applied to any after hour phone call. In addition, there will be a \$45 after hours office visit fee in addition too appointments with the on-call provider. This fee will not be billed to the insurance company and therefore will be responsibility of the parent/ guardian.
- In the case of a divorce or separation, the parent authorizing treatment for the child will be responsible for payment at time of service. If the divorce decree requires a parent to pay for medical cost, it is up to the parties to collect from each other. Wimberley Pediatrics will provide receipts, however, will **NOT** be involved in the exchange of monies.

In Network Manage Care Plan:

- If you have a managed care plan in which we participate, you are responsible to provide us with current and accurate information at each visit.
- You are responsible for fees incurred if we do not have your current insurance information at the time of service.
- Co-pays **must** be paid at the time of service. The person bringing the patient to this office is responsible for the charges unless other arrangements have been made in advance with our billing department.
- If you're insurance plan is an HMO or POS policy and requires you to choose a PCP (Primary Care Provider), **prior to the first office visit** you will need to have **Dr. Roger Pruitt** set as your Primary PCP.
- You may be responsible for fees if routine services provided are not covered by your insurance plan, or if your insurance company denies payment for covered services.

Out of Network/ Private Insurance OR Uninsured:

- Professional services rendered are charged to the patient. Payment is expected when services are rendered.
- We will not bill your insurance company. Wimberley Pediatrics will provide you with a receipt that will list CPT & ICD-10 codes so that you may file a claim to your insurance company.
- Medical Expense Sharing Programs are not insurance. Each plan varies on covered benefits. You are responsible to know the coverage and limitations, and responsible for services provided that are not covered.
- Services not paid and time of service, will not be eligible for discounted rates.
- Our Private Pay rates are discounted to assist our families whom are uninsured, however the prices are subject to change as deemed necessary.

I, _____ (Printed name of responsible party for patient listed below):

Patient Name

Date of Birth

Signature of Responsible Party

Relationship to patient

____/____/____
Date

Wimberley Pediatrics & Adolescent Medicine
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