Melody Cassels, M.D.
Wesley Glazener, M.D.
Taylor Beall, M.D.
Amanda Major, M.D.

Patient Name_____ _Date of Birth_____
FIRST LAST MONTH-DAY-YEAR

Financial Policy

It is your responsibility to know what your insurance covers and any requirements for pre-authorization, deductibles, and limitations on well-child visits, lab services, immunizations, and other procedures. A copy of your insurance card is required for us to file with your plan and is updated yearly. It is your responsibility to inform us if there have been any changes to your insurance. You are financially responsible for charges deemed by the insurance company to be billable to the patient or not covered by your insurance plan. We will bill your insurance company based on the information you provided to us. If there is a balance remaining or if a claim is denied, the charges transfer to your responsibility. Following up and disputing with your insurance carrier for reconsideration of your claim is your responsibility.

All payments are due at the time of service; this includes any co-pay, co-insurance, deductibles, or private pay charges that are incurred. For charges that are not collected at the time of service, Austex will require a credit card to be kept on file. Austex will automatically charge the card on file once the visit determination is received from your insurance payer. In the event a credit card is not on file, and a payment is not received within 30 days, a $30 charge will be added to the account for a late fee. We do understand that there may be a time when paying for these services is not possible. In order to set up a payment arrangement, you will need to speak with our billing department BEFORE your appointment.

Account Guarantor: In divorce situations, the parent who brings the child in for the visit is responsible for payment of copays and deductibles collected at the time of service. The parent who signs the financial agreement is the parent responsible for balances remaining on the account after insurance has paid. WE ARE UNABLE TO NEGOTIATE THE SETTLEMENT OF YOUR MEDICAL BILLS BETWEEN YOU AND YOUR EX-SPOUSE. IF PARENTS ARE UNABLE TO RESOLVE THESE ISSUES IN ORDER TO KEEP THEIR ACCOUNT CURRENT, YOU MAY BE DISMISSED FROM THE PRACTICE FOR NON-PAYMENT. If you have any questions, you may contact our billing department.

Self-Pay

Your account is considered self-pay if insurance is not provided. Payment is due at the time of service. If you have insurance, but are unable to present the details of the insurance policy at the time of service, you will be required to pay for the visit out of pocket. We will reimburse for the out-of-pocket costs once the insurance has been received, submitted, and paid by your insurance company.

Collections

Accounts that are over 90 days past due will be considered delinquent. A delinquent account will be sent to our in-house collections department. A payment arrangement must be made and in good standing to keep accounts out of collections. We hold the right to delay visits to all accounts in collection status. Any account not paid within 1 year will be sent to an outside collection agency, and the patient will be discharged from the practice.

Melody Cassels, M.D.
Wesley Glazener, M.D.
Taylor Beall, M.D.
Amanda Major, M.D.

Additional Fees

FORMS	$10	Completion of forms outside an office visit
NO-SHOW	$25	A missed appointment or a late arrival 15 minutes or more after the scheduled appointment time.
NO-SHOW	$50	Second missed appointment or late arrival 15 minutes or more after the scheduled appointment time.
NO-SHOW	$75	Third missed appointment or late arrival 15 minutes or more after the scheduled appointment time. Possible dismissal from practice.
RESCHEDULE	$25	A 2-hour notice is required to reschedule an appointment. A fee will be applied if proper notice is not given.
AFTER-HOURS CALL	$25	Calls made after hours. Office hours are 8:00 am-4:30 pm Monday-Friday.
BILLING LATE FEE	$30	Standard charge for any balance not paid within 30 days.
WEEKEND	$40	Patients seen during the Saturday clinic
WALK-IN FEE	$30	Convenience fee for patients seen without a scheduled appointment.
RECORDS	$6.50	Minimum charge to transfer medical records.

Assignment of Benefits/Release of Medical Information

I authorize payment of medical benefits to Austex Pediatrics for services rendered, and I understand that I will be fully responsible for any outstanding balance. I authorize Austex Pediatrics to release any medical or other information necessary to my insurance company to process my child's insurance claim.

Signature_____ Date_____

(PARENT/GUARDIAN/PATIENT 18 AND OVER) (MONTH-DAY-YEAR)