



FINANCIAL POLICIES AND PROCEDURES

Welcome to our practice! We are committed to providing you with the best possible care to your children. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our payment policy. Even though we do not file secondary or supplemental insurance if you need assistance we will be happy to accommodate you. If you have any questions, feel free to contact one of our account managers for assistance. They may be reached by calling our main number 972-331-7200.

As of January 1, 2022, this office participates with the following insurance plans:

Aetna US Healthcare HMO, PPO, EOP, POS
Humana
Blue Cross Blue Shield PPO & most HMO
Cigna HMO, PPO, POS
Great West

Healthsmart
Scott & White Health Plan
Private HealthCare Systems (PHCS)
Multiplan
United Healthcare

There are a number of unique individual or group policies we will file, but it is **ultimately your responsibility** to know your healthcare benefits. The BEST WAY to make sure we participate in your plan is for **you to call your insurance to ask if your physician is IN NETWORK**. The above list is subject to change, so please ask one of our front office experts for clarification.

At the time of service, you will be responsible for all deductible, co-insurance, and co-payments amounts.
Payment may be requested in advance.

Reminder: Please remember to bring your insurance card to your visit so that we may obtain a copy.

We will gladly answer any questions relating to your insurance. You must realize however that:

- Your insurance is a contract between you, your employer, and the insurance company. We are often not a party to that contract.
- All insurance benefits are determined by the employer and contracted with the insurance company. We have no control over your benefits.
- As a courtesy to our patients, we put forth all efforts to verify your benefits prior to an appointment, but please be aware it is your responsibility to know your benefits if we are unable to do so in advance.
- Not all services are a covered benefit in all contracts. Some insurance companies and/or employers select services they will not cover.
- Processing fees may be applicable for related services provided. Re-issuing checks, stop payments, or outstanding balances over 30 days may result in such fees. Please discuss with a manager if you have any questions.

Our practice is committed to providing the best treatment for our patients, and we charge what is appropriate based on geographic location, physician skill and expertise. You are responsible for payment regardless of any insurance company's determination of usual and customary rates. It is your responsibility to submit any non-participating claims to their carrier, and we will provide you with any necessary information for proper

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Financial Policy Revised 01.2022

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processing extensive documentation requirements may result in processing fees. Please discuss the assessment of your options with a manager prior to processing.

We must emphasize that as a medical care provider, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered. Should any financial issues affect timely payment on your account, please contact us promptly for assistance in the management of your account.

If we do not have a contract with your insurance carrier, payment for services is due at the time services are rendered. Should you need assistance with the management of your account, arrangements must be made in advance. Our Account Managers will be happy to assist you. We accept cash, credit and debit cards.

If there is an overpayment on your account that results in a credit, we will attempt to notify you via telephone and/or US Postal Service. Refund checks issued by Clinical Pediatric Associates of North Texas (CPANT) that are not redeemed within 90 days may be subject to a \$35.00 processing fee due to costs incurred in reissuing a check. Please make sure that we have current contact information on your account to avoid assessment of these fees.

Return checks are subject to an additional collection fee of \$35.00. Personal balances older than 30 days may be subject to an additional \$10.00/month administrative charge unless prior arrangements are made. In the event that your account is sent to collections, you agree to pay all related costs and expenses, including attorney's fees.

Medical & Immunization Records Request: We will be happy to provide a copy of your child's medical records at no cost to you when transferring to another physician; however, there will be a fee of \$25.00 per child for personal copies of these records or if the records have to be transferred to additional physicians. Please understand that with the HIPAA appropriate written request our processing time is 10-14 business days.

Immunization records are available through the patient portal at any time. However, should you need a copy you can request a copy of your child's immunizations with each well visit or when you are at the office.

Advanced Practice Nurse: This facility has on staff an advanced practice nurse to assist in the delivery of medical pediatric care. An advanced practice nurse is not a doctor. An advanced practice nurse is a registered nurse who has received advanced education and training in the provision of health care. An advanced practice nurse can diagnose, treat, and monitor common acute and chronic diseases as well as provided health maintenance care. In addition, the advanced practice nurse may treat minor lacerations and other minor injuries. Consent for care by an advanced practice nurse is assumed if an appointment is made with the advanced practice nurse.

If you have any questions about the above information, or any uncertainty regarding insurance coverage, PLEASE do not hesitate to ask us. We are here to assist you. We also advise you to keep a copy of these forms for your own personal records. Thank you for your time in carefully reviewing our financial policy.

We would like to thank you for choosing our physicians as your family's partner in providing excellent and loving health care to your children from birth through adolescence.