



PEARSALL PEDIATRICS

Gurney F. Pearsall, Sr. M.D. P.A.
3003 West Loop South Suite 410 Houston, Texas 77054
Office (713) 790-9265 Fax (713) 790-1006
www.PearsallPediatrics.com

FINANCIAL POLICY

We, Pearsall Pediatrics are dedicated to providing the best possible care for your child and we want you to completely understand our Financial Policy

1. Payment is due at the time of service unless, prior financial arrangements have been made. We accept Visa, MasterCard, and American Express, debit cards and cash.
2. Your Insurance policy is a contract between you and your Insurance Company. As a courtesy to you, we will bill your insurance company if we are a participating provider and you have assigned benefits to Pearsall Pediatrics. You will be required to pay your co-payment at the time of the visit. If your Insurance Company has not responded within a reasonable time period (usually 30 to 60 days) from the date the claim was filed, you will be responsible for payment of the services rendered. In the event the insurance company pays after you have paid, you may request a refund.
3. Our office has made prior arrangements with many insurance companies and other health care plans to accept any assignment of benefits, but ***it is the ultimate responsibility of the insured or guarantor to understand his/her insurance coverage and benefits. In the event of denials, errors, or non-covered services, the patient is responsible for all services rendered and will be due upon the receipt of statement from our office.***
4. To insure accuracy when billing your insurance company, we must have a current copy of your insurance card on file. If we are unable to verify your insurance benefits, you will be required to pay in full at the time of service.
5. If we do not participate with your health plan, we will file the claim for you on an unassigned basis. The cost of the office visit and any procedures performed will be due at the time of service since the insurer will send the reimbursement directly to you.
6. We will bill your insurance company for all services provided in the hospital. You will be responsible for any balance due. New babies must be added to your insurance policy before any claims will be paid. Most insurance companies require that you do this within 30 days after the baby is born.
7. A \$25 "No Call/No Show" fee will be implemented for failure to contact the office of a missed appointment prior to the scheduled appointment time.
8. All accounts not kept current may be subject to collection procedures and could result in a loss of privileges or relationship with the practice.



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In summary, you as a parent or guardian are ultimately responsible for charges related to services provided by Pearsall Pediatrics, not your insurance company.

I have read and understand the Financial Policy of Pearsall Pediatrics and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice at any time.

Signature of Patient (or responsible party if minor)

Date

Please print Name of the Patient