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## Financial Policy

Be sure to download and save this document to your computer. This form can be filled out on your computer and emailed to [alphapedi01@gmail.com](mailto:alphapedi01@gmail.com) or print the form out and bring it to the office filled out. Thank You!

### Financial Policy:

Thank you for choosing **Alpha Pediatrics PA.** as your health care provider. Our staff will be happy to discuss our fees and this policy with you at any time. Please read and sign this policy prior to seeing the physician. Payment for services is due at the time services are rendered. For any payment that is not covered by insurance, or for our private pay patients we accept cash, check, VISA and MasterCard.

- Please present your insurance card at the front desk
- Your insurance policy is a contract between you, your employer and the insurance company. We are **not** a party to that contract. Our relationship is with you. We cannot be involved in disputes between you and your insurance regarding deductible, co-payment, covered charges and “usual” and customary charges.
- We will file the claim to the insurance on your behalf and follow their guidelines for submission, co-pay amounts, and reimbursement. Any contractual provider discount will be deducted from your balance.
- All charges are your responsibility whether your insurance company pays or does not pay. Not all services are a covered benefit in all contracts. Some insurance companies and some employers, decide what is a covered benefit and what is not. Please check insurance plan document for any questions. Fees for these services along with unmet deductible and co-payment are due at time of the treatment.
- Returned checks and balances older than 90 days may be subject to collection fees.
- Please note that all cancellation must be made at least 24 hours in advance. If you fail to cancel your appointment, you may be charged a \$25 service fee.
- We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate with our office to assist you in your management of your account. Should your outstanding balance be submitted to an outside collection agency, you will be charged a collection fee.

Again, thank you for choosing **Alpha Pediatrics PA.** We appreciate the opportunity to serve you.

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Patient/Guardian Signature:

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Date: