



FINANCIAL POLICY

Payment is due at the time of your appointment. We gladly accept cash, check, M/C or Visa. If we are a contracted provider with your insurance, we will file the insurance claim for your child. However, any co-pay, co-insurance or deductible must be paid prior to your child seeing the physician and/or prior to any surgery being performed. Please keep in mind that your insurance policy is a contract between **you** and **your** insurance company. If your child's claim for services is denied as a non-covered service or as not medically necessary, you will be responsible for payment of those services.

Any HMO or managed care plan participants must have a referral completed prior to any services being performed. This referral must either be presented at the visit or sent to this office prior to the visit. You will be required to sign an "HMO Waiver of Payment" and pay for your child's visit in full before services are rendered if presenting for an appointment without a valid referral.

Some in-office procedures are necessary for the evaluation and management of your child's care. These include, but are not limited to, the use of a microscope and endoscope. These procedures are sometimes applied to deductibles and co-insurance as they are not covered under the office visit co-pay. You will be responsible for payment of these services.

If we are not contracted with your insurance, you will be responsible for the payment in full on the day services are provided and/or in the case of surgery, **prior** to services being provided. The filing of any insurance claim for your personal reimbursement will be your responsibility. We will gladly supply the required information so that you may file your child's claim.

For our patients that do not have insurance, payment is due in full at the time services are provided. A discount may be applied. Please understand that a detailed receipt will be given to you, but will not contain any of the insurance codes.

There is a \$25 returned check charge for any check returned by your financial institution. Any returned check amount and fees associated with that check, must be paid for prior to your child's return to our office for services. We may not accept any more personal checks from you.

Appointments must be cancelled or rescheduled at least 24 hours in advance. However, if your child's appointment is on a Monday, you must cancel or reschedule by the Friday before the appointment. We may charge a missed appointment fee of \$35. Please note that this fee is not covered by the insurance. Please help us to serve you better by keeping your child's scheduled appointment.

Your child may be dismissed from the practice if you fail to meet your financial responsibilities. If we have to use a collection agency to bring your child's account up-to-date you will be responsible for all charges, including those incurred to collect the amount owed. Before your child can return to our office, your account must be paid in full.

Thank you for choosing us as your child's health care provider. We are committed to the success of your child's treatment.

Parent/Guardian Signature
370 W. Hwy. 121, Suite 100
Coppell, TX 75019
972-745-8400

Date

7777 Forest Lane, Suite B-316
Dallas, TX 75230
972-566-2660

Fax: 972-899-3616
www.entforchildren.net