



# Office Policies

This notice of Privacy Practices applies to Austin Health Partners, PLLC (AHP), and its affiliated entities Cedar Park Pediatric & Family Medicine, Southwest Pediatric Associates, and Treehouse Pediatrics.

We are dedicated to providing the best possible care and we want to make sure you completely understand our office policies. If you have any concerns please feel free to contact the practice administrator.

## **Financial Policy Acknowledgement:**

All payments are due at the time of service. This includes co-pays and deductibles. If we are providers for your insurance, we will bill our insurance and collect only the patient responsibility amount at the time of service. It is your responsibility to inform us of any changes with your insurance. Many insurance plans have “timely filing deadlines.” If we are not provided with accurate information at the time of service, you may be responsible for payment in full for all services rendered. Please keep in mind that your insurance is a contract between you and the insurance company. Not all insurances cover all procedures. **While we make a good faith attempt to verify coverage, we are not able to guarantee that the information given to us by you or your insurance is correct. It is your responsibility to know what services may or may not be covered by your insurance.**

Austin Health Partners has preferred provider contracts with most major insurance companies. Please contact your insurance company to determine if our practice has a contract with your insurance company. Any financial portion that is the “member’s responsibility” such as a co-pay, deductible, co-insurance, or non-covered percentage will be collected *at the time of service*. It is required as a part of our contract with each insurance company to collect the patient’s financial portion at the time of service. Some vaccines and/or procedures could be subject to deductible or denied for coverage. You are responsible for any fees that are not paid by your insurance carrier.

## **Uninsured Patients**

Patients without insurance will be offered a Prompt Pay Discount only if balance due is full at the time of service. If balance cannot be paid in full at time of service, a payment plan will be established and you will be assessed the full amount due without any discounts.

## **Payments**

All payments are due at the time of service unless prior arrangements are made. We accept cash, debit cards, Visa, MasterCard, Discover, American Express, and personal checks. Any outstanding balances, including deductibles, are due within 30 days of the statement. If payment is not received within 45 days a \$25 administrative fee will be assessed on the account. All balances reaching 90 days past due may be sent to a collection agency. If you experience circumstances beyond your control, please contact our billing office and we will be happy to make payment arrangements.



### **Convenient Auto-Payment**

Retain your credit card on file in a safe encrypted environment. This feature is available to ensure all of our payments are received on time and helps you avoid administrative fees if paid after 45 days. By enrolling in Convenient Auto-Payment, we can use to collect copays and bill your insurance first and notify you via email 5 days before your credit card is charged for balances due.

### **Third Party Payers**

Our office does not bill third party payers (TPA), such as, PIP (Personal Injury Protection) for a motor vehicle accident, or attorneys.

### **Family Members Without Appointments**

We respectfully ask that you refrain from asking your doctor to examine family members that do have appointments. This prevents us from properly documenting the visit in the medical record, as well as prevents us from seeing the next scheduled patients on time. If you know prior to your scheduled appointment we will do everything we can to try and work you in with your provider or another available provider.

### **Divorce Decree**

We are not party to your divorce decree. The responsibility for payment and the presentation of active insurance cards at the time of service is the responsibility of the accompanying adult.

### **Returned Checks**

Checks returned to us by the bank will be assessed a returned check fee of \$35.00 in addition to the original amount of the check.

### **Missed Appointments**

We understand there will be times when a scheduled appointment cannot be kept. If you need to cancel or reschedule an appointment, we request that you notify our office 24 hours in advance. If your appointment is made for “same day” and you find yourself unable to keep it, please call to cancel within a minimum of three hours-notice in order for another child to be scheduled. If you do not call and you do not show up for your appointment, we will consider this a “no show.” If this happens 3 times then the office may terminate the doctor-patient relationship.

A **24 hour notice of cancellation** of wellness checks, ADHD visits, scheduled follow ups or consults is required or a **\$30 cancellation fee will be charged.** If your appointment is made for the “same day” and you find yourself unable to keep it, please call to cancel with a minimum of **three hours’** notice in order for another child to be scheduled or a **\$30 cancellation fee will be charged.**

### **Vaccine Policy**

Our practice follows CDC vaccine recommendations. Our physicians do not accept patients who do not vaccinate their children. We also do not accept alternate vaccine schedules. For example, “Dr. Sear’s Vaccines Schedule.”



**Termination for our Practice**

Our office values its patient relationship and want to protect patient's rights. We will terminate the patient relationship with cause and after careful consideration. Reasons for termination include: repeatedly not showing up for scheduled appointments, not complying with recommended medical care, not complying with vaccine policy, requesting medical records to be transferred to another provider, being hostile or abusive to staff, not paying bill or requesting budget payment plan in a timely manner.

**After Hours Service**

If you need medical assistance after 5:00 PM or on the weekend, we provide after hour phone call services. There is a nominal fee of \$20.00 for these calls. If seen Saturday clinic hours or an appointment 5:00 PM or after, a fee of \$10.00 will be charged.

**Medical Records & Form Fees**

We will provide copies of your medical records within 15 business days of receipt of signed records release and the nominal charge for your records. There are also nominal fees for forms such as insurance forms, school forms, FMLA, disability forms, etc. These forms will be completed within 5-7 business days. Fees must be paid prior to completion of any form. Fees are set forth by the State of Texas and the Texas Medical Board.

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Signature

Date