

Alamo Heights Pediatrics

1919 Oakwell Farms Pkwy, suite 257
San Antonio, TX 78218
Phone: (210) 930-8400 Fax: (210) 930-8402

Office & Financial Policies

Thank you for choosing Alamo Heights Pediatrics as your health care provider. We are committed to providing you with the best available care possible. Please read the following policies carefully, sign and date. Payment for services is due at the time services are rendered. We accept cash, check, visa, and master card.

Please read the following policies carefully, sign and date on the back side of this form.

- ❖ All patients are required to receive all vaccines required for their age range or be on the path to becoming fully vaccinated. This schedule must be approved by our providers.
- ❖ **It is YOUR responsibility to make sure your insurance is up to date with our office.** If for some reason, you do not provide accurate information and it results in a “late filing” denial, you will be responsible for that office visit and any tests performed. If we are unable to verify your insurance, you will be required to sign a “private pay” agreement.
- ❖ All charges not covered by your insurance are your responsibility.
- ❖ **If your child is scheduled for a “Well Child Check” and *any other issues* are discussed, they will be charged accordingly. (Ex: if sick issues/concerns are discussed, the insurance will leave the patient responsible for a co-pay and any labs or tests performed).**
- ❖ Copays, balances and/or deductibles must be paid at the time services are rendered or payment arrangements must be made prior to seeing the physician. Any balance over 4 months old will result in your child’s account becoming inactive and balance must be paid prior to scheduling any future appointments. Any accounts over 6 months old may be turned into a collection agency.
- ❖ Returned checks are subject to a \$35.00 fee and if not paid within 10 days, you will be turned over to the Attorney General’s office and then will be placed on a cash only basis.
- ❖ **Physical forms** are no charge but do require a 48/72-hour turnaround and we will call when forms are ready for pick up or to be faxed. Please make sure your portion of the forms are filled out or we will not accept them.
- ❖ FMLA forms require a 48/72-hour turnaround time, and the \$25.00 fee must be paid before forms are filled out. Please make sure your portion of the forms are filled out or we will not accept them.
- ❖ **Prescription refills** have a 24-48 hr turnaround time. If the insurance requires a prior authorization, it may take 5-7 business days. Please call in all refills at least 1 week before being out.
- ❖ If transferring practices, your medical records will be faxed or mailed once a signed release has been received. Medical records transferred between practices are free of charge. Individual/personal copies will require a \$25.00 fee for each patient. Once records are sent you are no longer a patient at AHP.
- ❖ Any controlled substance paper prescription has a \$5.00 fee per prescription.
- ❖ Telemedicine Appointments are considered out of pocket and wait times are like being in the office.
- ❖ All patients, parents and staff members are required to treat each other respectfully.

PLEASE SIGN BACK OF FORM 

ALL HMO, MEDICAID, AND CHIP PATIENTS

Dr. Lindsay Irvin MUST be listed as the Primary Care Physician on your current insurance plan, or you will need to call the insurance to change the PCP and sign a private pay agreement at the time of service.

Cancellation, No-Show, and Late Arrival Policy

- ❖ If you need to cancel or reschedule an appointment, all cancellations must be made at least 24 hours in advance. If you fail to cancel your appointment in that time frame, you will be subject to a \$20.00 fee for each late cancellation.
- ❖ If you arrive more than 15 mins late to your appointment, you will be charged a \$10.00 late fee, or you may be required to reschedule your appointment and will be charged a late cancellation fee of \$20.00. If we can see you, you will be placed behind patients that arrived on time to their appointments.
- ❖ If you No Show/Late Cancel back-to-back the fee will increase \$5.00 for each missed appointment.

Our goal is to provide quality medical care in a timely manner. To do so, we must follow this no-show/same-day cancellation policy. This policy enables us to better utilize available appointments for our patients in need of medical care.

Cancellation of an appointment:

Call the office at 210-930-8400 if you are unable to attend an appointment. We do require, at least, a 24-hour notice if you are unable to make an appointment.

Late Cancellations: same day cancellations will incur a \$20.00 fee.

No-Shows: A no show will incur a \$25.00 fee. Each consecutive No-Show after will increase by \$5.00. After 3 consecutive on-time visits, we will reduce the no-show fee back to \$25.00. (This is not covered by insurance)

After three (3) no-show/late cancellations, the practice reserves the right to ask you to find a new primary care provider.

For Medicaid Patients: Each missed appointment will be reported to the Department of Health & Human Services. After three (3) missed appointments, you will be required to find a new primary care physician.

We encourage you to communicate with our billing department about any payment plan arrangements, payment issues or questions so that they may assist you in the management of your account. Again, thank you for choosing Alamo Heights Pediatrics as your child's health care provider. We appreciate your trust in us, and we look forward to caring for your child(ren).

Patient Name

Signature of Parent/Guardian/Self

Date