CLINE
PEDIATRICS
We Love your kids too!

Marrietta D. Cline, MD

Financial Policy: We would like to thank you for choosing **Cline Pediatrics, PA**. We are committed to providing your child with the best possible medical care. Please review the payment policies for our office.

Responsibility for Payment: It is expected that all patients/guarantors receiving services are financially responsible for the timely payment of all charges incurred. Acceptance of Your Health Insurance We accept most insurance plans and are participating as providers in most local HMO's. Please call the office **281-534-1300** to confirm that we accept your insurance. We will file insurance claims; however, you are ultimately responsible for payment of your child's bill. To file your claim, we will need your insurance company information. Please present your current insurance card at each visit. It is the responsibility of the parent/guardian to know and understand the details of their child's health insurance coverage. There are numerous health insurance coverage plans, and it is impossible for our staff to predict which services will be covered by your plan. If your insurance company does not cover 100% of the services rendered, you are responsible for the bill. Co-payments and any prior patient balance are due when your child checks in to be seen in the office. For your convenience, we accept cash, MasterCard, Discover and Visa for payments. 624 Fm 517 RD W, Dickinson, Texas 77539. www.clineped.com.

Self Pay Patients If you do not have health insurance or we do not accept your health insurance, payment in full is due at the time of your visit. We offer great pricing. Please beware that If any point of care testing is ordered and sent to Quest or Health Track that will be a separate bill from that provider. Patient Responsibility HMO Insurance Plans: Your insurance plan may require that you identify a Primary Care Physician (PCP) for your child. If this notification is not on file with your insurance plan, payment for services may be denied. Please notify your insurance company if you change PCPs or insurance before the visit, it will cut the wait time.

Patient Balances: All patient balances must be paid within 30 days of receiving a bill from **Cline Pediatrics, PA**. **Cline Pediatrics, PA** is not the middle party to any legal agreements between divorced or separated parents. The parent (guardian) accompanying a minor to an appointment is responsible for payment.

Records, Correspondence and Forms Copies of pertinent medical records are available to the patient and/or the parent/guardian for a small fee of $25.00 for the first 20 pages, after is.50 each additional page after we have received a signed release. If you transfer out of the

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practice, you may request copies of your child's medical record. A Health Form is provided each year at your child's well visit with updated immunization records. These are often required for camp or school so please ask the Medical Assistant to print yours before you leave. There will be a $5.00 charge for any additional copies.

Financial Policy Patient Name: _____ DOB: _____ I certify that I have read the **Cline Pediatrics, PA** Financial Policy and acknowledge full financial responsibility for the services provided to me or my children by **Cline Pediatrics, PA**. I understand that I am responsible for payments of any portion of the charges not covered by insurance, including co-payments, deductibles, co-insurance, and non-covered services. I understand that I am responsible for prompt payment of charges if I do not have medical insurance or if **Cline Pediatrics, PA** is a non-participating provider with my health insurance. I consent to the assignment of my insurance benefits to **Cline Pediatrics, PA** for services provided to me or my children.

Name: _____ Date: _____ (Please Print)
Signature:_____ Relationship to Patient:_____