



SELF-PAY/UNINSURED FINANCIAL POLICY

Lone Star Pediatrics is committed to providing you with the best care possible. This goal is best achieved if everyone is aware of our financial policy. Our staff is instructed to make every effort to clarify any questions concerning payment for your treatment, however, if you need further information about any of these policies, or about the amount you will be asked to pay, please ask to speak with our billing manager prior to your appointment. Your clear understanding of the Self-Pay Financial Policy is important to our professional relationship.

The amount you pay for your office visit depends on several factors including:

1. the type of visit that is scheduled (consultation/sick/well etc.)
2. whether you are a new patient or you've visited our office before;
3. the complexity of your visit; and
4. the doctor's examination (which will not always be known at checkout until the physician completes and signs-off on your medical chart).

The amount our office charges for services is based on fees set forth each year by our contracting agency that is in accordance with fair health for our geographical region. We are not allowed, by Texas law, to charge less to patients than what is billed to insurance companies (Tex. Ins. Code §552.003), however, self-pay patients are eligible for a prompt-pay discount on services they receive, if **full** payment is made at checkout on the date of service. These discounts are not published as doing so would be a violation of the above law as well as our contracts with insurers.

As is the nature of medicine, not all charges can be known up front, and there may be occasions when you will receive an additional statement for services that were provided but not paid for at the time of service. We strive to avoid balance billing our self-pay patients, however, in the event that it is necessary please be advised that the prompt-pay discount will still be honored. If the patient does not pay the balance for any additional charges at the discounted rate within 30 days from the date of the first statement, the patient will no longer be eligible for the prompt-pay discount on any additional charges and will be responsible for the standard charges for all appointments going forward. In addition, balances not paid at the time of service will incur a 20% interest fee from our office to carry your balance.

Often, the doctor will recommend that a diagnostic or therapeutic procedure be performed during a visit. The costs of these procedures **are separate and not included** in your office visit. You can request an estimate of any service prior to a procedure being performed, however, once the procedure has been performed you are responsible for full payment.

You must bring all payments with you on the day of your appointment or you will be asked to reschedule. If you have not visited our office in the last **three years** you will be considered a new patient. We accept cash, check, MasterCard, Visa, Amex and Discover. You may pay your bill in our office, mail your payment, or call us on the phone to make a payment on your account using your debit or credit card. You are expected to pay your bill in full when you receive it in the mail. If this is not possible, you may consider a payment plan. To do this you must speak with the billing manager and sign a Payment Plan Agreement form in our office.

Parent/Guardian Signature

Date

LONE STAR

P E D I A T R I C S

VFC Participation Consent Form

The Texas Vaccines for Children (TVFC) program provides low-cost vaccines to eligible children from birth through 18 years of age who meet one or more of the following criteria:

- Eligible for participation in the [Medicaid program](#)
- Enrolled in the [Children's Health Insurance Program \(CHIP\)](#)¹
- American Indian or Alaska Native (As defined by [25 U.S.C. 1603](#))
- Uninsured Children: Children who do not have health insurance
- Underinsured Children: Children with private insurance but coverage ²:
 - Does not include vaccines
 - Only includes select vaccines

¹ Though children whose insurance pays for vaccines do not qualify for TVFC vaccine, CHIP children do qualify by special arrangement.

² Underinsured children must be seen by a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or deputized clinic.

I consent to participating in the Texas Vaccines for Children (TVFC) program. By signing this form, I understand that it is my responsibility to have contacted my insurance company **PRIOR TO RECEIVING TVFC VACCINES**, if I am underinsured, to verify whether vaccines are covered under my policy. I further agree if I elect not to do so, and the health department recoups the cost of vaccines because they were covered under my plan, that I am solely responsible for payment.

Patient Name

Parent Name

Parent Signature

Date

Christine Smith, MD, FAAP

Paul Reyes, MD, FAAP

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