Financial Policy

Welcome to River Valley Pediatrics! In order for us to deliver quality healthcare, we have established a financial policy. The following is a list of guidelines that are necessary in order to continue to provide high quality care and make your visit as pleasant as possible.

Please read all information and acknowledge by signing below.

1. We ask that you present your insurance card at each visit. It is your responsibility to provide us with the correct information to bill your insurance.
2. If you have a change of address, telephone number, or employer, please notify the receptionist.
3. We will collect your deductible, copay, or charge for non-covered services at the time of your visit.
4. If you have a balance after an insurance payment from a previous service, we will also ask for that payment. We accept cash, checks, Visa and MasterCard.
5. If your insurance denies our charges, does not pay us in a timely manner or if your account becomes delinquent, we reserve the right to refer your account to a collection agency and to be reported to the Credit Bureau.
6. Effective May 1, 2007, we will assess a 1.50% monthly interest charge on unpaid balances over 90 days old.
7. PPO patients; if we participate with your insurance plan, we will bill your insurance for you. Your copay will be collected at the time of service. **NO EXCEPTIONS.**
8. If your plan requires you to choose a PCP, it is your responsibility to make sure your insurance company has the physician you’re seeing in our office as your PCP. If your plan requires you to have an authorization to see a specialist, you still need to obtain that from our office prior to seeing the specialist. No retroactive referrals will be given. If we do not participate with your plan, we will verify your out-of-network benefits, file your service. If we are NOT your PCP, we will NOT be able to obtain an authorization to see a specialist.
9. MEDICAID patients; you must be eligible for Medicaid services at the time of your office visit or you will be responsible for the services rendered. A private pay agreement will also be signed.
10. PRIVATE PAY patients; patients with no insurance will be expected to pay at the time of services and must sign a private pay agreement. If you will not be able to pay in full, you must contact our billing department prior to seeing the doctor to arrange payment arrangements.
11. Your insurance is a contract between you, your employer and the insurance company. **We are not a party to that contract.** It is very important that you understand the provisions of your policy. We cannot guarantee payment of all claims. If your insurance company pays only a portion of the bill or rejects your claim, any contact of explanation should be made to you, the policy holder. Reduction or rejection of you claim by your insurance company does not relieve you of your financial obligation.

Remember, whether you do or do not have insurance, you are ultimately financially responsible for payment of your charges. If you have any questions regarding our financial policy please contact our billing department at 830-379-7334.

**I have read and have a full understanding of the financial policy of River Valley Pediatrics MD PA.**

Patient name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of responsible party:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_