PEDIATRIC OF HOUSTON UROLOGY

Financial Policy

Houston Pediatric Urology is always happy to answer any questions you might have about our financial policy. We value the relationships we build with our patients. Please feel free to contact us with any questions at (713) 701-9451.

Insurance and Billing
You are responsible for the bill of the medical services rendered. If you have insurance, we will bill your insurance as a courtesy to you. If your insurance carrier does not remit payment within sixty (60) days of being billed, the balance will be due in full from you. It is important to provide us with any insurance changes and all the correct information. We can supply you with a copy of your itemized statement so that you can file for reimbursement from your insurance carrier.

Insurance is a contract between you and your company. Houston Pediatric Urology is not a party to your contract., and therefore will not become involved in disputes between you and your insurance carrier. We will only provide the factual information in regards to the treatment and diagnosis. You are responsible for timely payment of your account. Verification of your coverage and benefits may be required. Often this verification requires us to share the reason for your visit with your insurance carrier.
Please plan to show your current insurance card at each visit.

Houston Pediatric Urology will not provide care to unaccompanied minors.

Houston Pediatric Urology does not get involved in any disputes between parents regarding financial responsibility for their child's medical expenses. By signing as guarantor below, you agree to be financially responsible for the care we provide to your child.

In order to assist us in establishing your financial account, we ask that you please provide us all necessary information for the accurate billing of your claim, including your insurance card, employer information and demographic information. In addition, patients are required to satisfy all insurance co-payments, deductibles and non-covered services on the day services are rendered. We ask that you provide your insurance company and Houston Pediatric Urology with any additional information requested to complete the processing of claims filed on your behalf.

· In the event my insurance carrier deems a service to be “non-covered” I understand that I am personally responsible for payment.

· I have read and understand that I am personally responsible for payment on this account when services are rendered.

· I agree to the release of any and all medical information and financial information necessary to process this and any future claims to my insurance carrier or payor of health benefits.

·I hereby authorize payment directly to Houston Pediatric Urology.

Any changes in this authorization must be received in writing within thirty (30) days of the effective date noted below.

If you have any questions about the Financial Policy please call us at (713) 701-9451.

Patient’s Name _____

Patient’s Date of Birth _____

Patient’s Representatives Name_____

Relationship to the Patient_____

Patient’s representative’s Signature _____

Date of Signature _____