

Pediatric & Adolescent Center of NW Houston, PA

Office and Financial Policy

Date last revised: March 5, 2026

*Our goal is to provide excellent care for your child while maintaining a respectful and positive relationship with every family in our practice. Providing our office and financial policies in advance helps ensure clear communication and efficient service. We appreciate you taking the time to review the following information carefully. **Initial on indicated lines.***

Communication

Our office utilizes the Healow portal for communication with patients. All messages and questions to providers and staff – including medical questions, referral inquiries, refill requests, labs and imaging questions, or billing questions – must be sent through the patient portal. Providers and staff will respond through the portal.

Parents also have access to shot records, growth charts, referrals, future appointments, patient statements, and other information to view and print via the portal. Printing is only available through the online portal. Important: If a staff member must initiate a message due to refusal to utilize portal, a fee of \$10 will be applied per message initiated.

Appointments

1. We value the time we have reserved for your children's appointment. If you are unable to keep your appointment, please notify our office at least **24 hours in advance** so that we can offer the time to another patient. A **\$40.00 no-show or late cancellation fee** will be charged if this notice is not provided. This fee is the responsibility of the patient and **cannot be billed to insurance**. Payment is due before or at the patient's next office visit.
2. Each child must have a **separate scheduled appointment**. If multiple children in the family need to be seen, please schedule an appointment for each child so that adequate time can be reserved.
3. Patients who arrive late may be asked to reschedule their appointment to avoid delays for other patients. Missed appointments due to late arrival are considered a no-show and will be subject to the no-show fee.
4. All patients must complete the patient information forms prior to seeing the doctor and present a current insurance card. To protect your child's record, you must provide a driver's license or photo ID.
5. Minors must have a parent/guardian accompany them to all appointments.
6. If someone other than the patient's parent/guardian will be bringing patient to an appointment, we must have a Proxy Consent on file with parent/guardian signature authorizing this person to bring patient to appointment and consent to medical treatment.
7. Services provided outside of regular business hours, or schedule as urgent work-in appointments **may be billed according to applicable insurance guidelines and fee schedules**.
8. Our practice has a Pediatric Nurse Practitioner on staff. She is trained to provide preventative care and management of common acute and chronic pediatric problems under the supervision of a board-certified pediatrician. Patients consent to see a Nurse Practitioner when they schedule an appointment with her. Patients may refuse to see the Nurse Practitioner and request an appointment with the Pediatrician.

After-Hours and Emergency Policy

1. Our office provides after-hours call service for an additional fee that is billed to your insurance. You are responsible for any portions assigned by your insurance company. Any calls that require the physician to be contacted will incur a separate fee of \$25.00 that will be billed directly to the patient.
2. Our after-hours phone service is intended for **urgent medical concerns that cannot wait until the next business day**. For life-threatening emergencies, please call **911** or go to the nearest emergency room. Prescription refill requests, appointment scheduling, school forms, and non-urgent questions should be addressed during normal business hours or through the patient portal.

Pediatric & Adolescent Center of NW Houston, PA

Office and Financial Policy

Date last revised: March 5, 2026

Financial Policy

1. Our office participates in a variety of insurance plans. If we do not participate with your insurance plan, or your child does not have insurance, **PAYMENT IN FULL IS EXPECTED AT THE TIME OF SERVICE**. We do offer a discount to “Self-Pay” patients. Self-pay patients are expected to pay in *full* at the time services are rendered.
2. According to your insurance plan contract, you are responsible for all co-payments, deductibles, and co-insurances. Copayments and estimated deductibles / co-insurances are due at the time of service.
3. If a new or ongoing medical concern is addressed during a preventive (well child) visit, **an additional office visit charge may be billed** in accordance with insurance coding guidelines. This may result in **additional copayments, deductibles, or coinsurance** depending on your insurance plan.
4. If our office is unable to verify your insurance coverage at the time of service, you will be financially responsible for the visit at the time services are rendered.
5. It is your responsibility to keep us updated with the correct insurance information. If the insurance company you designate is incorrect, you will be responsible for payment of the visit and responsible for submitting the charges to the correct plan for reimbursement.
6. If your insurance company is an HMO or POS policy, it may require you to choose a primary care provider (PCP). You will need to choose a physician from our practice. If we are not the designated PCP, you will be considered self-pay and financially responsible for the visit in full.
7. If your insurance requires a referral or authorization to see a specialist, please find one contracted with your insurance company that you would like to see then submit the information via portal message for staff to proceed with referral. Referrals can take up to 5 business days so please notify us in advance. Our staff does not find specialists for patients due to the many variables involved. If we have to redo the referral (parent changes the specialist before referral is expired or lets the referral expire without seeing the specialist) or if we have to do an urgent referral within 48 hours there will be a \$40 fee due to the amount of time it takes to complete this process. If a fee is charged this will be the patient’s responsibility, not billed to the insurance company and due prior on or before the patient’s next office visit.
8. Our office verifies your coverage as a courtesy but there is no guarantee until the claim is processed. It is your responsibility to understand your benefit plan with regards to, for instance, the services covered and participating laboratories. For example:
 - a. Not all plans cover annual physical, sports physical, or hearing screenings. If these are not covered, you will be responsible for payment.
 - b. Some insurances limit the number of allowable visits per year and/or have a dollar maximum of benefits payable for well child services. If this benefit is exceeded, your insurance company will not pay and you will be responsible for payment.
 - c. Some insurance companies consider visits for ADD or ADHD as mental health and will not cover the claim for services rendered by a medical physician. In this case, you will be responsible for payment.
9. Your insurance company may request that you supply information to them directly in order to process claims (i.e., coordination of benefits, pre-existing information). It is your responsibility to comply with these requests in a timely manner. Failure to do so may result in denial of claims which would then be the patients’ responsibility.
10. For families with separate households, the parent or guardian presenting the child for care is responsible for all copayments, deductibles, and outstanding balances at the time of service. Payment arrangements between parents are the responsibility of the parents. Our office cannot mediate, communicate payment requests between parties, or become involved in custody or divorce matters. Receipts will gladly be provided for reimbursement as needed.
11. All prior balances must be paid before your appointment. The balance on your account is due immediately once responsibility has been determined by the EOB or by our statement.

Pediatric & Adolescent Center of NW Houston, PA

Office and Financial Policy

Date last revised: March 5, 2026

12. We accept cash, check, Visa, and MasterCard. A \$30 fee will be assessed for any checks returned for insufficient funds.
13. Statements are sent electronically on a biweekly basis. Your remittance is due immediately upon receipt of the bill. Any patient balance not paid within 30 days of the original statement date will be considered **past due**. A **\$25.00 late fee** will be assessed to accounts with balances that remain unpaid more than 30 days after the original statement date. We encourage families to contact our billing department promptly if there are any questions about a statement or if payment arrangements are needed. Billing should be contacted through your child's portal or by email to billing@pedsofnwh.com.
14. Overpayments will be refunded within thirty (30) days of a request. Refunds will be issued to the original method of payment when possible. Payments made by credit/debit will be credited back to the same card. For all other payment types, a valid credit/debit card will be required to process the refund.
15. If you have any questions about your insurance or your bill, we are happy to help. However, specific coverage issues should be directed to your insurance company. You may contact the member services phone number on the insurance card.
16. Once an injection or vaccine has been prepared, it **cannot be returned to stock**. If a parent or guardian declines the injection after preparation, the **cost of the medication will be the patient's responsibility**, as insurance will not cover the charge.

Forms

1. We may charge for some forms including Family Medical Leave Act paperwork and any other forms to be completed by the physician. Payment is due when the forms are dropped off and we request a 5-day turnaround time.
2. Typically, a fee will be charged for medical letters requested to be written by the physician. This can vary depending on the nature of the letter.

Transfer of Records

We provide medical records for a fee. If you would like a printed copy the fee is \$25.00 for the first 20 pages and \$0.50 for each additional page. If you would like a copy of medical records on a CD/USB flash drive, we charge a flat fee of \$25.00.

A release of information must be signed and please allow up to 15 business days for transfer of records.

Prescription Refills

For medication refills, we require 48 hours' notice. For controlled substance, we require 3-5 business days, and appointment is required every 3 months.

Behavior/Respect Policy

Our practice is committed to maintaining a respectful and safe environment for patients, families, and staff. Abusive, threatening, or inappropriate behavior toward staff or providers will not be tolerated and may result in dismissal from the practice.

Dismissal from Practice

Our practice reserves the right to dismiss a patient for reasons including, but not limited to repeated missed appointments, failure to follow office policies, abusive behavior toward staff, or nonpayment of outstanding balances. When possible, patients will be provided with written notice and access to emergency care for 30 days while alternative care is arranged
