Caring For Kids Pediatrics, P. A.

343 W. Houston Street, Ste. 302, San Antonio, TX 78205

(210) 877-5600 Office/(210) 877-5601 Fax

Patient's Name:_____

Payment Policy

MEDICAID: We are participating providers of the Medicaid Program. We will accept assignment on all claims. Patients are responsible for maintaining their Medicaid benefits to receive care. However, in the event Medicaid eligibility has lapsed, patients will be responsible for the balance billed.

HMO/PPO OR OTHER MANAGED CARE PATIENTS: You will be responsible for paying your annual deductible, co-payment and charges for any non-covered procedures or immunizations.

NOTE: We do file with secondary/supplemental carriers.

Responsible Party Signature:_____Date:_____

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ASSIGNMENT OF BENEFITS

I hereby assign all medical benefits, to include major medical benefits, to which I am entitled, including Private Insurance, Medicaid and any other health plan to Caring For Kids Pediatrics, P. A. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as original. I understand that I am financially responsible for all charges whether or not paid by said insurance, unless limited by contract. I hereby authorize said assignee to release all information necessary to secure the payment for services rendered. And should a credit balance for said patient, due to payment from the above mentioned insurance(s) health plan(s) result; this amount may be applied to any other outstanding balance(s) owed the family by the insured or their family members.

All contractual co-payments are due at the time of service. Please let us know in advance if this is a problem, so that we may set up timely payment arrangements. Please note your company's procedures, particularly those regarding deductibles/referrals/co-payments.

I, the undersigned, certify that I have read the foregoing information and am duly authorizing as patient/parent or legal guardian that all services deemed necessary may be executed.

SIGNATURE:_____DATE_____

RELATIONSHIP:_____