**Whitestone Pediatrics**

**&**

**Liberty Hill Pediatrics**

***FINANCIAL POLICY***

***Please Read Carefully***

* Copayment, deductible or coinsurance are due at the time of service. We accept checks, cash, Mastercard, Visa, Discover and American Express.
* Any balances that are applied to your deductible must be paid in full before the next office visit.
* Billing statements are sent out each month. Any balance not covered by your insurance must be paid in full before the next appointment. Unpaid balances over 90 days may be turned into collections, and additional fees will be assessed.
* If your balance is high, due to hospital deductible or financial hardship issues, please contact the billing specialist to establish a payment plan option.
* For private pay families, we offer a cash discount rate.

**ALL BALANCES MUST BE PAID IN FULL AT TIME OF THE SERVICE**.

**Please note**: *There will be a charge for after hour calls and no show (without calling) appointments. The fee for these are $25.00. These fees are not covered by any insurance plan and will be billed to your account.*

Patient Name

(Please Print) Parent or Legal Guardian Name

(Signature) Parent or Legal Guardian Name

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