

CLINICAL PEDIATRIC ASSOCIATES
8355 Walnut Hill Lane
Suites 105 & 205
Dallas, TX 75231

FINANCIAL AGREEMENT

Clinical Pediatric Associates files insurance claims for all services with primary insurances. Patients are billed for the remaining balance after payment has been received from the insurance company. Any non-covered services are the financial responsibility of the patient. In the event that the insurance carrier denies payment for a service performed, it is the **patient's** responsibility to pursue action with their insurance carrier, as the policy is a legal contract between the patient and the insurance company. If a patient has no insurance coverage they are financially responsible for all charges incurred. **Co-payments, co-insurance, non-covered services and or deductibles are the responsibility of the patient and are payable at the time of service.**

BY SIGNING THIS, I UNDERSTAND THAT PAYMENT IS EXPECTED AT THE TIME OF SERVICE. IF MY PHYSICIAN IS A PARTICIPANT IN MY HEALTH PLAN, I MUST PRESENT A VALID INSURANCE CARD AT EACH TIME OF SERVICE AND PAY MY RESPECTIVE COPAYMENT AND NON-COVERED SERVICE AMOUNT PRIOR TO CHECKING OUT OF THE OFFICE. I UNDERSTAND THAT I MAY BE RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY MY HEALTH PLAN WITHOUT LIMITATION OF DEDUCTIBLE, COPAYMENT OR COINSURANCE AMOUNT.

Date: _____ Signature _____
(Guardian, If patient is under age 18)