

Patient Financial Policy

We at Dr. Olga Gomez Children's Clinic are committed to providing you with quality care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about this financial policy.

To assist us in establishing your Dr. Olga Gomez Children's Clinic financial account, please:

- Supply all necessary information for the accurate billing of your claim, including your insurance card, employer information and demographic information.
- Satisfy all insurance co-payments, deductibles and non-covered services on the day services are rendered.
- Provide your insurance company and Dr. Olga Gomez with any additional information requested to complete the processing of claims filed on your behalf.
- Authorize release of information necessary for insurance filing and pre-certification

Unaccompanied Minors: Minor must have an authorization letter for medical treatment signed by his/her parent/guardian and is responsible for providing current insurance information for self. Please note that co-payments and/ or deductibles are expected at the time of service. For all services rendered to a minor patient, we look to the adult accompanying the patient and the parent or guardian with custody for payment.

Newborn Patients:

All newborn patients that are automatically covered under the mothers insurance have until they are 30 days old to present insurance information. If no insurance is presented at the end of 30 days the parent or legal guardian of the minor will be responsible for all acquired charges until that date.

Regarding Divorce:

Dr. Olga Gomez Children's Clinic does not get involved in disputes between divorced parents regarding financial responsibility for their child's medical expenses. By signing as guarantors below you agree to be financially responsible for the care we provide to your child, regardless of whether a divorce decree or other arrangement places that obligation on the other parent.

Regarding Insurance:

We require full payment at the time of service. Any payment that your insurance requires such as deductibles, co-payments, co-insurance, etc. is due at the time of service. You must provide us with a current insurance cards and billing information at each visit. It is your responsibility to know your insurance policy, benefits and to be familiar with your coverage. This includes verifying whether or not providers are in/out of network with your specific policy. Please keep in mind that the contract is between you and your insurance company. We are not a party to your contract. If your insurance company does not pay for services rendered you will be responsible for the billed amount and any unpaid balances. We will bill your insurance as a courtesy and make every effort to ensure claims are submitted correctly and promptly.

- I have read and understand that I am personally responsible for payments on this account.
- In the event my insurance company deems a service to be "non-covered" I understand that I am personally responsible for payment.
- I agree to pay any deductible, co-insurance, co-pay or services.
- Dr. Olga Gomez will bill my insurance and remaining balances will be sent to me in a statement

Guarantor Signature: _____ Date: _____

Guarantor Name: _____ Guarantor DOB: _____

Relationship to patient: _____ Patient Name: _____

Patient DOB: _____

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