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HOUSTON
PEDIATRIC NEUROLOGY & SLEEP
COMPASSIONATE. PATIENT CENTERED CARE

Financial Policy

Effective Date: 07/14/2023

Thank you for choosing Houston Pediatric Neurology and Sleep (HPNS) for your healthcare needs. To ensure transparency and facilitate a smooth financial experience, we have established the following financial policy. Please read this policy carefully.

1. Insurance Coverage

1.1. Verification: It is your responsibility to provide accurate and up-to-date insurance information at the time of registration. We will verify your insurance coverage, but you are ultimately responsible for understanding your benefits, including deductibles, co-payments, and co-insurance.

1.2. Insurance Claims: We will submit insurance claims on your behalf. However, any unpaid or denied claims are your responsibility, and you will be billed accordingly. If your insurance plan requires a referral or pre-authorization, it is your responsibility to obtain it prior to your appointment.

1.3. Co-payments and Deductibles: Co-payments and deductibles are due at the time of service. We accept various forms of payment, including cash, checks, credit/debit cards, and electronic transfers. Failure to pay your co-payment or deductible may result in rescheduling your appointment.

2. Self-Pay Patients

2.1. Payment at Time of Service: If you do not have insurance or choose not to use your insurance, payment is due in full at the time of service. We offer various payment options, and our staff will assist you in understanding and arranging a payment plan, if necessary.

3. Outstanding Balances

3.1. Statements and Invoices: We will send you regular statements detailing any outstanding balances on your account. Please review these statements and promptly notify us of any discrepancies.

3.2. Prompt Payment: Payment is due upon receipt of the statement. Unpaid balances older than 45 days will be considered delinquent. Delinquent accounts may be subject to additional fees, interest charges, or collection actions.

3.3. Collection Efforts: If your account becomes delinquent, we reserve the right to pursue collection efforts, which may include engaging a collection agency. You will be responsible for any additional costs associated with collection efforts.

4. Financial Assistance

4.1. Financial Hardship: We understand that medical expenses can be burdensome. If you are experiencing financial hardship, please inform our billing department. We may be able to offer financial assistance programs or work with you to establish a payment plan based on your circumstances.

5. Cancellation and No-Show Policy

5.1. Appointment Cancellation: We kindly request at least 24-hour notice for appointment cancellations or rescheduling. Failure to provide sufficient notice may result in a cancellation fee.

5.2. No-Show Fee: If you do not show up for a scheduled appointment without prior notice, you may be charged a no-show fee. This fee compensates for the lost appointment slot and the time reserved for your care.

6. Privacy and Security

6.1. Protected Health Information (PHI): We are committed to maintaining the privacy and security of your PHI. Please refer to our Privacy Policy for detailed information on how we handle your personal and health information.

7. Changes to the Financial Policy

We reserve the right to modify this financial policy at any time. Any updates will be communicated to you through our website, posted notices, or direct communication.

We appreciate your understanding and cooperation in adhering to our financial policy. Your compliance helps us focus on providing quality medical care to all our patients.

Guarantor Signature: _____ Date: _____

Print Name: _____ Guarantor Date of Birth: _____

Relationship to Patient: _____

Patient(s) Name: _____ Patient Date of Birth: _____