



Financial Policy

Tulsa Pediatric Group, P.C. is committed to doing everything we can in order to provide quality medical care at the lowest cost possible. In order to help lower costs, we have developed the following financial policy. If you have any questions, please feel free to ask to speak to the Office Manager.

ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE

Payment is required at the time services are rendered. Copayments are contractually set by the insurance companies based on the policy you and your family have chosen, and we are contractually bound to collect them. The person bringing the patient to the clinic for their appointment is responsible for paying the copayment and any outstanding balances on the account at the time of service unless previous arrangements have been made.

TYPES OF PAYMENT ACCEPTED

Tulsa Pediatric Group, P.C. accepts cash payments, Visa, Master Card, Discover, and personal checks. However, for any returned checks, a \$25 'returned check fee' will be applied.

SELF PAY

If you do not have insurance, you are considered to be self-pay. This means when checking out, the guardian present will be responsible for paying all charges billed for the appointment. We will apply a 30% courtesy discount if you are able to pay in full. Otherwise, a budget plan will be set in place to collect an agreed upon monthly amount for the balance to be paid off in no more than 6 months.

OUTSTANDING BALANCES

Tulsa Pediatric Group, P.C. makes every effort to collect what is owed to us, including engaging the services of a professional collection agency for unpaid patient balances. Therefore, if a balance goes unpaid for 120 days from the date of service, the account may be turned to a collection agency. If the account is turned to a collection agency, the guarantor will be responsible for paying all collection and legal fees. Once an account has been turned, the family will be dismissed for the practice.

INSURANCE

As a courtesy to our patients, Tulsa Pediatric Group, P.C. will file all patient claims to the insurance company for reimbursement. The guarantor is responsible for paying the copayment and any outstanding deductible/co-insurance charges at the time of service. Any charges not covered by insurance will be billed to the guarantor and will be his/her responsibility to pay them. It is the policy holder's responsibility to make sure that claims are paid in a timely fashion. We are more than happy to work with you and your insurance company to resolve any issues if needed.

MISSED APPOINTMENTS/LATE CANCELLATIONS

Missed appointments represent a financial cost to our organization and keep us from being able to see emergent patients. If you are going to need to cancel or reschedule an appointment, please give us a minimum of 24 hours' notice. If you miss three appointments with no effort to cancel or reschedule within 24 hours, you may be dismissed from the practice.

By signing below, I agree that I have read, understand, and will abide by the Tulsa Pediatric Group, P.C. Financial Policy.

PATIENT/PARENT SIGNATURE

DATE

PATIENT NAME

DOB

WITNESS SIGNATURE

DATE

TULSA PEDIATRIC GROUP, PC

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