

## Children's Medical Group of Austin, PLLC

### Financial Policy

At Children's Medical Group (CMG), we are committed to providing excellent care and maintaining strong physician-patient relationships. To reduce confusion and ensure transparency, we have developed the following financial policy. Should you have any questions regarding these policies, please feel free to discuss them with our office manager. Your complete understanding of our financial responsibilities is an essential part of your care and treatment.

### Payment Policy

- Full payment is due at the time of service unless arrangements have been made in advance with either you or your insurance carrier. We accept cash, VISA, MasterCard, and Discover for your convenience.
- **Saturday Fee:** Patients seen on a Saturday will be charged a \$50 Saturday fee. This fee is non-billable to insurance and is due at the time of service.
- **Estimated Cost of Service:** Patients are expected to pay the estimated cost of service at the time of their visit. If the patient's insurance determines a different responsibility upon processing the claim, the patient will either receive reimbursement or be billed for the remaining amount once the Explanation of Benefits (EOB) is received.
- **Nurse Triage Line:** To avoid an office or telemedicine appointment to discuss lab results or medical concerns, at times we will provide the option to instead speak with our triage nurse. This time spent will be billed to your insurance, and depending on your insurance plan, you may be responsible for these charges.

### Wellness Visits and Acute Care

- Wellness visits are intended to address your child's growth, development, immunizations, and preventive care. If any new issues (e.g., a new illness or concern) are addressed during the wellness visit, there will be an additional fee for additional care provided. Complex or chronic concerns (e.g., ADHD, asthma, behavioral issues) are recommended separate scheduling to ensure these concerns receive the time and attention they require.
- Additional discussion of labs and ongoing medical care done outside of an office visit may be billed to your insurance. Depending on your insurance plan, you may be responsible for these charges.

### Minors and Payment Responsibility

For patients who are minors, the parent or guardian accompanying the child is responsible for payment. This applies regardless of any court order regarding financial responsibility.

### Unpaid Balances

Balances that remain unpaid for more than 90 days will be sent to collections, and an additional fee will be added.

### Private Pay Patients

If you are a private pay patient, you will be responsible for paying for services at the time of the visit. We do not file claims to Medicaid for private pay patients, as we do not accept assignment from Medicaid.

### Insurance Information

- **Insurance with Agreement:** We have agreements with many insurers and health plans to accept an assignment of benefits. This means we will bill your insurance directly, and you will only need to pay patient responsibility per insurance.
- **Insurance without Agreement:** If your insurance plan is not one with which we have an agreement, the claim will be submitted on your behalf. However, full payment is required from you at the time of service.
- **Non-Covered Services:** If your insurance company determines a service is not covered, you will be responsible for full amt.
- **HMO Plans:** If you have an HMO, it is your responsibility to ensure that your CMG physician is correctly listed as your Primary Care Physician (PCP) prior to your visit. Failure to do so will result in you being responsible for any charges incurred.
- Please note that as of 2025, we will be enhancing our billing practices to align with updated insurance guidelines. This may include submitting claims for additional services that support your child's care. Additionally, due to changes in insurance reimbursement rates and policies, you may notice an increase in charges applied to your deductible or out-of-pocket responsibility for certain services.

## Cancellation Policy

We understand that sometimes cancellations are unavoidable; however, we ask that you provide sufficient notice to allow us to offer the appointment slot to other patients in need of care.

- Wellness Check Cancellation:** A \$50 fee will be charged if a wellness check appointment is canceled with less than 24 hours' notice (during business hours).
- Acute Visit Cancellation:** A \$50 fee will be charged if an acute visit is canceled with less than 3 hours' notice.  
No-shows and late cancellations prevent us from offering timely care to other patients, and we appreciate your understanding and cooperation in this matter.

## Additional Fees

- Late Fee:** A \$30 late fee will be added to your account for any balance not paid within 30 days of the statement date unless alternative payment arrangements have been made.
- Interest Fees:** If your balance has not been paid within 60 days of the statement date, an 18%/ yr interest fee will be applied
- Returned Payments:** A \$50 fee will be added for any returned check or chargeback.
- Collection Fees:** After 90 days, unpaid balances turned over to collections will incur an additional 30% collection fee (the collection agencies' fee for service) on the outstanding balance.
- Charges will apply for the completion of various forms (e.g., sports, camp, daycare, therapy, 504/IEP, vaccine records). Please inquire with our office for pricing for each specific form.

## Acknowledgment

I have read and fully understand the Financial Policy of Children's Medical Group. I agree to be bound by its terms and acknowledge that I have had the opportunity to ask any questions regarding this policy. I also understand that these terms may be amended from time to time by the practice.

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Printed Name of the Patient

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Printed name of Responsible Party

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Signature of Patient or Responsible Party if a Minor

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

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