

PGV PEDIATRICS, P.A.
3417 GASTON AVENUE, SUITE 845
DALLAS, TX 75246
PHONE: (214)823-2552
FAX: (214)823-2551

CREDIT POLICY

All services rendered by this association are charged directly to the patient. As a courtesy we will file your insurance claims at no charge and credit their payment to your account.

Unless we are contracted with your insurance carrier as a participating provider to accept what they approve, your deductible or the percentage not covered by the carrier is due at the time of service. Managed care co-pays are due at the time of service.

If you do not have insurance payment is due in full at the time of service.

Payment of your charges is ultimately your responsibility and you as the patient agree to comply with our policy.

FEE DISCLOSURE ACKNOWLEDGEMENT

We will make available our fee schedule for medical procedures upon request. Most fees are for office and/or hospital procedures. However, fees will also be incurred when you request special services *in addition to* your regular services. **Fees are not covered by your insurance plan.**

The following is a brief, non-comprehensive listing of such services:

1)	Telephone conferences	25.00 first 15 minutes, 2.00 Each add'l minute
2)	Records processed for transfer	25.00 and up
3)	Returned checks (NSF)	50.00
4)	Form completion or Written Correspondence for employer or school	10.00-30.00
5)	Replacement of lost or expired prescriptions	20.00
6)	Processing triplicate prescriptions	15.00, 25.00 same day
7)	After Hour Non Urgent Telephone Consultation	50.00
8)	After Hour Prescription Call-in Fee	75.00
9)	After Hour Referral Care Fee	75.00

PARENT NAME

PATIENT NAME

PARENT SIGNATURE

DATE

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