

G. Scott Cuming, M.D., F.A.A.P.
8647 Wurzbach Road, Suite O
San Antonio, Texas 78240
(210) 696-2800

Financial Policy

We are doing everything possible to hold down the cost of medical care. You can help a great deal by eliminating the need for us to bill you. The following is a summary of our payment policy.

ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE

Payment is required at the time services are rendered. We accept Cash, Personal Checks (in-state only), Visa, and MasterCard. **THERE IS A \$35.00 CHARGE FOR ALL RETURNED CHECKS.**

Hardship

We do care and we do understand that financial difficulties can arise. Should you have a situation that makes payment impossible, please speak to our staff about the problem. But please do not just ignore your responsibility and / or fail to tell us. If you do not tell us, we do not know. Remember we do care.

Insurance

For patients with insurance, please remember to bring your insurance card to every visit, and let us know if there are any changes **BEFORE** your visit with the doctor. We bill participating insurance companies as a courtesy to you. You are expected to pay your deductible and co-payments at the time of service. Please read your policy so that **YOU** know what **YOUR** benefits are and are not. **Do not assume anything!** We will do our part in filing the claims properly; but you are responsible for what your insurance does not cover. If we have not received payment from your insurance company within 45 days of the date of service, you will be expected to pay the balance in full.

WE DO NOT BILL SECONDARY INSURANCE COMPANIES AS OF 2006.

Your time of service receipt includes all information necessary for submitting claims to your insurance company. If you should need assistance or have questions, please contact the Billing Coordinator between **10am and 3pm** Monday through Friday at 210-696-2800.

Appointments

It is our goal to provide quality care to each of our families. To help us reach this goal we ask that you schedule all appointments in **ADVANCE**. Dr. Cuming and his staff need a certain amount of time set aside for every visit/problem. We can not allow the time necessary if numerous children need to be examined or “peeked at” in a time slot set aside for one (1) child only. **Failure to schedule ALL children needing attention in advance causes you and others to extend the wait time in our office.**

Missed or Late Cancellation Appointments

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. We ask that any cancellations be made up to 24 hours prior to the appointment. There is a **\$50.00** charge for missed or late-cancelled appointments; a **\$75.00** charge will be applied to those appointments which require additional time with the doctor, such as ADHD, Behavior etc. **This charge is not covered by your insurance and will be your responsibility.**

Bills

Sending out bills is time consuming and increasingly expensive. To help keep your costs down we ask that you pay your balance before you leave the office. If you have a managed care policy, we are required by contract to collect your co-pay at the time services are rendered. There will be a **\$10.00** service fee charged to your account for each month the balance remains unpaid. Further fees may be added for any account balance over 60 days past due. **This charge is not covered by your insurance and will be your responsibility.**

Patient Forms

Please understand that we receive many request for records, school/camp documents, immunization records etc. every day. We are here to help you with your needs, and can fax, mail or have them at the front desk for pick up. If you need any documents completed during an office visit, please present them at the time you check in, we will complete the form and provide the necessary information as part of the visit for that child. If however, a request is made for a child other than the one with the appointment or if you are calling/faxing us the forms for completion, then we ask that you please give us 24 hours advance notice. **These services are not paid for by your insurance company; they are your responsibility.** We have posted a detailed list of office charges for these services and will be happy to provide you with a copy for your records upon request.

Referrals

If you are enrolled in a managed care insurance plan (i.e., HMO), you must receive a referral from our office before seeing a specialist, we ask for a 24 hour advance notice for any referral. **It is best if you call our office as soon as you schedule an appointment with the specialist, this will allow us to prepare and complete all the documents which are required for that visit.**

For any referral that needs same day processing, there will be a **\$35.00** charge applied to your account. **These services are not paid for by your insurance company; they are your responsibility.**

Thank You

Acknowledgement of Financial Statement

I have read and understand the Practice Financial Policy. I agree to assign insurance benefits to G. Scott Cuming, M.D., P.A. whenever necessary. Any co-payment required by my medical insurance provider is to be paid at each visit. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for the fee(s) charged by the collection agency.

Patient Name:

Date:

Responsible Party:

Date:

Witness:

Date:

(Please sign, date and return to the Receptionist when finished, Thank You)

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8647 Wurzbach Road, Suite O
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(210) 696-6245 fax

FEE NOTICE EFFECTIVE JANUARY 1, 2008

Missed Appointment (24 hour notice is required)	\$50.00
ADHD Missed Appointment (24 hour notice is required)	\$75.00
Triplicate Prescriptions Pick-Up (24 hour notice is REQUIRED. Payment is due upon receipt)	\$5.00
Mailed Prescriptions (24 hour advance notice is REQUIRED)	\$10.00
Immunization Records for Pick-Up (Payment is due upon receipt)	\$5.00
Faxed or Mailed Immunization Records	\$10.00
School Excuse Notes (Fee is charged when excuse is not obtained at end of your visit)	\$10.00
Late Account Payment Fee (Payment is due on the 15 th of each month)	\$10.00
Physical Forms Dropped-off “I Need It Now Request” (Payments is due upon receipt)	\$15.00 \$35.00
Administrative/School Forms (24 hours required; fee due upon receipt)	\$25.00
Medical Chart Records (7-10 Business Days is required; fee due upon receipt)	\$45.00 - \$100.00
Returned Check NSF (Must be paid in cash, before your next visit)	\$35.00

If you have any questions in reference to the above please ask one of our office staff and we will be happy to answer any questions for you.

Thank You