

Town Center Pediatrics
3521 Town Center Blvd South, Ste A
Sugar Land, Tx 77479
Phone: 281-494-2255 Fax: 281-494-2266

Emily R. Todd, MD Lora L. Gilreath, MD Laurie A. Hogarth, MD Kathi J. Morgan, MD
Dawn M. Lord, MD Alicia Walls, MD

TOWN CENTER FINANCIAL POLICY

In order to better serve you, please read and familiarize yourself with our financial policies so future billing misunderstandings can be avoided. Please note that these fees **ARE NOT** covered by your insurance company and are **NON NEGOTIABLE**.

_____ 1. Appointments not cancelled within 24hrs of the scheduled date and NO SHOW appointments will be charged a service fee of \$25 per appointment which will be added to your account. This fee must be paid before having your appointment(s) rescheduled.

_____ 2. Walk-Ins who do not call and schedule an appointment for same day sick visits will be charged a service fee of \$75 per incident, per child.

_____ 3. Vision and Hearing: We offer this screening at every Well Child Visit for children 4y/o and older. If your insurance does not cover the testing, you will be charged \$10.00 per test, should you decide to have your child tested.

_____ 4. Administrative Fees for forms: In order for the following forms to be completed, your child must have had a Well Check Up visit, within the past 1 year. The following forms can be completed for FREE if forms are brought to your scheduled Check up.

- _____ \$5 School, Sports, and Camp Physical Forms completed within 3 business days per form
- _____ \$5 Daycare forms completed within 3 business days per form
- _____ \$5 FMLA (Family Medical Leave Act) forms completed within 5 business days

_____ 5. Controlled Substance prescriptions (ADHD medication prescriptions) that are lost or expired will be charged at \$5 fee per prescription before a new prescription will be written.

_____ 6. Telephone consultations that are made during Non-Business hours that are NON-EMERGENT will be charged a fee of \$25 per child, per call. Unless, the child is under 1 year of age.

_____ 7. Record releases are of no charge if you are requesting your first copy or if another physician's office is requesting a copy. There will be a fee of \$25 for any additional copies.

Patient's Name

Date

Patient's Representative

Representative's Signature