Thank you for choosing us as your health care providers. The following statement is our financial policy. Your agreement to this policy is required prior to any treatment.

Minors
- The parent or legal guardian is responsible for payment at the time of the visit.
- For patients not accompanied by a parent or legal guardian, written permission to treat the child is required before any treatment can be given.

Please list anyone you give permission to bring your child to the office:

Insurance
- All co-pays and deductibles are collected at the time of service. There is a $25 charge for checks returned for insufficient funds.
- If we are not in-network for your insurance company, you are responsible for filing the claim and payment is due at the time of service.
- It is your responsibility to ascertain that Dr. Thorstad is a participating provider.
- Patients that pay in full at the time of services will receive a 25% discount. You may then file a claim directly with your insurance company.
- Some insurance companies do not cover some routine and non-routine services. You are responsible to verify benefits and coverage prior to any visits so that you are not billed for unanticipated charges. Non-covered services will be billed directly to the patient. Common exclusions are well visits, immunizations (particularly Prevnar and Hepatitis B), hearing screens, vision screens and after hours phone calls.
- All outstanding balances that have not been paid within 60 days will be billed to the patient and must be paid by 90 days, regardless of the insurance status.

Missed Appointments
We attempt to make reminder calls for well visits, but it is ultimately your responsibility to remember appointments. Cancellations require 24-hour prior notice. Cancellations with less than 24-hour notice and missed appointments will be assessed at $25. Please schedule well checks at least one month ahead.

After Hours Calls
There is a $25 charge for all after-hour doctor consultations, and a $15 charge for nurse calls after 10 pm, provided by the Seton Call Center. If you like, you can also request to speak directly to the doctor after 10 pm. These charges will be billed to your insurance company.

I have read the above Financial Policy and I understand and agree to its terms.

Patient / Guardian Signature ____________________________ Date ____________

FINANCIAL POLICY STATEMENT

Thank you for choosing us as your health care providers. The following statement is our financial policy. Your agreement to this policy is required prior to any treatment.

Minors
- The parent or legal guardian is responsible for payment at the time of the visit.
- For patients not accompanied by a parent or legal guardian, written permission to treat the child is required before any treatment can be given.

Please list anyone you give permission to bring your child to the office:

Insurance
- All co-pays and deductibles are collected at the time of service. There is a $25 charge for checks returned for insufficient funds.
- If we are not in-network for your insurance company, you are responsible for filing the claim and payment is due at the time of service.
- It is your responsibility to ascertain that Dr. Thorstad is a participating provider.
- Patients that pay in full at the time of services will receive a 25% discount. You may then file a claim directly with your insurance company.
- Some insurance companies do not cover some routine and non-routine services. You are responsible to verify benefits and coverage prior to any visits so that you are not billed for unanticipated charges. Non-covered services will be billed directly to the patient. Common exclusions are well visits, immunizations (particularly Prevnar and Hepatitis B), hearing screens, vision screens and after hours phone calls.
- All outstanding balances that have not been paid within 60 days will be billed to the patient and must be paid by 90 days, regardless of the insurance status.

Missed Appointments
We attempt to make reminder calls for well visits, but it is ultimately your responsibility to remember appointments. Cancellations require 24-hour prior notice. Cancellations with less than 24-hour notice and missed appointments will be assessed at $25. Please schedule well checks at least one month ahead.

After Hours Calls
There is a $25 charge for all after-hour doctor consultations, and a $15 charge for nurse calls after 10 pm, provided by the Seton Call Center. If you like, you can also request to speak directly to the doctor after 10 pm. These charges will be billed to your insurance company.

I have read the above Financial Policy and I understand and agree to its terms.

Patient / Guardian Signature ____________________________ Date ____________

RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM

Patient Name (Please Print) ____________________________

I, the undersigned, do hereby confirm that I have been give access to and have reviewed a copy of Lone Star Pediatrics’ Notice of Privacy Practices.

Signature of Patient / Guardian ____________________________ Date ____________

☑️ I would like a copy of this statement.