

# Barton Creek Pediatrics

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## INSURANCE POLICY

Barton Creek Pediatrics is contracted with many insurance companies. For a list of these insurance companies, please visit our website at [bartoncreekpediatrics.com](http://bartoncreekpediatrics.com). If you do not see your insurance carrier on the list, please feel free to call our office and ask our office staff to make certain Dr. Wheelock is contracted with your insurance carrier. We only file claims to those insurance carriers with whom we are contracted. Our contracts with insurance companies change year to year; therefore, it is important to make sure that we are a network provider every time you renew your policy or re-enroll through your employer.

A copy of the patient's insurance card is required at every visit. If you do not have a copy of the insurance card, you may be asked to either reschedule your appointment or fill out an "Insurance Information" form. It is your responsibility to know your copay and deductible amounts. Your copay is **always** due at the time of the visit. If your deductible has not been met prior to your child's visit and your child's bill includes the balance of your deductible, you are responsible for payment of that amount at the time of service.

It is also your responsibility to know your benefits, especially for well checks, immunizations, and lab work. Coverage and benefits vary within any insurance policy. Unless our office calls your insurance company at each visit to confirm eligibility and specific benefits (which is a waste of the patient's and office's time), our office is not provided with the details of your policy. Our office will file your claim (electronically) within 48 hours from the date of service. It is your responsibility to make certain your insurance company processes and pays the claim in a timely manner (usually within 30 days.) Once your claim has been processed, the insurance company will provide you as well as our office an Explanation of Benefits (EOB). The EOB states the amount paid to us as well as any balance that is your responsibility. If you have any questions regarding the amount due by you, **please call your insurance company first**. Please contact our office **after** you have contacted your insurance company if you have any further questions regarding your balance.

If we are not a network provider with your insurance company, payment in full is required at the time services are rendered. We will provide you with a detailed receipt of services that you may file on your own.

**I have read and understand the above statements. I agree to accept financial responsibility for any service not covered by insurance company and/or if my insurance fails to reimburse Barton Creek Pediatrics in a timely manner.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_