



Barton Creek Pediatrics

Valerie Wheelock, MD

7004 Bee Caves Road, Building 1, Suite 210 Austin, Texas 78746 (512) 327-0562

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. If you do not see your insurance carrier on the list, call your insurance carrier and verify with them if Dr. Wheelock is an in-network provider for your policy. We only file claims to 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 must be present at each visit. If you do not have a copy of the insurance card, you may be asked to 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 you have not met your deductible 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 of 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 by your insurance carrier, they will provide you, as well as our office, with the 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 Dr. Wheelock is not a network provider with your insurance company, payment in full will be required after services have been rendered. We will provide you with a detailed receipt of services so 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 the insurance company and/or if my insurance fails to reimburse Barton Creek Pediatrics in a timely manner.

Parent/Guardian Signature: _____ Date: _____