Roland J Dominguez MD PA
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San Antonio, TX 78229
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Financial Policy

Welcome to Roland J Dominguez MD PA, specializing in the care of your children. Please take time to read the following financial policies. We ask that you sign this financial acknowledgement prior to receiving any treatment. Please keep a copy of this document for future reference.

Insurance:
Prior to your child's visit, we will attempt to verify eligibility and benefits with your insurance carrier. Please bring your child's insurance card to each appointment. Failure to do so may result in cancellation of the appointment. You are responsible for any co-payment required by your insurance carrier prior to services being rendered. You are also responsible for any deductibles or non-covered services, as required by your insurance.

Credit Card/Check Policy:
MasterCard, Visa, Discover, American Express and Personal checks are accepted for services rendered. Your credit card/bank account will be charged at the same day of service.

No Insurance:
Payment will be due at the time of service. If you are unable to pay your balance in full, you will need to make prior arrangements with our office.

Newborn Notification:
Please make sure you notify your insurance company of your newborn so that the baby can be added to your insurance provider.

Please review the following statements regarding Assignment of Benefits:

- The office will file insurance for all reimbursable services, to both your primary and secondary insurance carriers. Please remember that you are responsible for all deductibles, co-pays, and non-covered service amounts.
- I authorize the release of any medical information necessary to process the applicable claim(s).
- I authorize payment of medical benefits to Roland J Dominguez MD, PA.
- A copy of this document shall be valid as the orginial.

"I, the Guarantor of Payment and Responsible Party, agree to the above policies and agree to the terms regarding payment and payment responsibilities."

Parent or Legal Guardian Signature	Date
Printed Name of Parent/Guardian	Patient Name and Date of Birth