**Alamo Heights Pediatrics**

**1919 Oakwell Farms Pkwy, Suite 257**

**San Antonio, TX 78218-1736**

**(210) 930-8400**

**TO OUR PATIENTS:**

At the time of service, we will be submitting a claim to your insurance company for changes that you have incurred. Depending on your individual policy, however, you will likely be responsible for portions of these charges in addition to what your insurance company reimburses. To make it easier for you to understand, here is a list and explanation of the most frequent charges that you may be responsible for.

Please note that these charges are based on your agreement with your insurance company and that we must honor these terms.

 **CO-PAYMENT**

This is the amount you will be responsible to pay at the time of your visit in addition to what your insurance pays.

 **DEDUCTIBLE**

This is the amount that you are responsible for annually before your insurance company begins paying. The specific amount depends upon your individual policy.

 **COINSURANCE**

This is the percentage of covered charges that you will be responsible for in addition to what your insurance company pays after your deductible is satisfied.

If you have any questions about your individual policy, we suggest contacting your insurance company who can aid you with understanding the specifics of your coverage.

If you have any questions about your statement you receive after services are rendered, please call our office at (210)930-8400. We will be happy to go over any questions you have about various charges.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_