



## 1816 Pediatrics Cash Pay Membership Agreement & FAQ

**Practice:** 1816 Pediatrics

**Address:** 2967 Oak Run Pkwy. #305, New Braunfels, TX 78132

**Phone:** 830-626-1816

Note: This program does NOT take the place of insurance.

### Membership Overview

The 1816 Pediatrics Cash Pay Membership is a cash-based program that provides flexibility for parents to have their child seen for in-person appointments, telehealth visits, and a clear list of included services for a predictable monthly fee. This prevents large upfront costs with consistent payments throughout the year. This program is not insurance and does not replace insurance coverage.

### Tiered Membership Fees (Per Child)

Age Tier	Cost Per Month Per Child
Newborn - 1year	\$150
1year-35 months (through day before 3rd birthday)	\$120
3 years – 5 years	\$100
6 Years – 18 Years	\$80

\* Billing is monthly via auto-pay.

Age transitions: When a child turns a new tier age, a new rate begins on the next billing cycle following the birthday.

### What's Included

- All Well child checks recommended for your child's age
- 0 to 5 years - 8 Sick Visits
- 6 years and up – 6 Sick Visits
- 1 Annual Sports physical



- 2 School forms
- Care coordination basics: referrals and routine forms/letters related to in-office care.

Your care team will always determine clinical appropriateness for visit types and procedures.

### **What's Not Included**

- Vaccines and vaccine administration
- Prolonged visits for depression and anxiety management
- Outside labs/imaging, emergency room or hospital care, and specialist services.
- Advanced procedures, or device-based screenings not listed as included.
- Non-routine, extensive paperwork (school/camp/504/IEP letters beyond routine) unless stated otherwise.

For services not included, members receive a transparent Member Price List with discounted cash rates where available.

### **Billing & Payment**

- Monthly auto-pay by card/ACH on the 15th of each month.
- Enrollment begins on the day you sign the Cash Pay Agreement and will be charged to your card on file on the 15<sup>th</sup> of every month after that date.
- Age-based pricing: when your child turns 1 year, 3 years and 6 years, the new tier rate starts on the next billing cycle.
- Add-on services: non-included services are charged at **time of service** at posted member prices.
- Declined payments must be resolved within 7 business days to maintain active membership and access, otherwise you will be charged the total amount due.

### **Term & Cancellation**

- Term: 12 months starting the month that you register.
- Cancellation: provide 30-day notice and pay balance in full, if any.

### **Communication & Access**

- Business hours response: non-urgent portal/messages targeted within 1 business day.
- **Urgent issues: call the office. For emergencies, call 911 or go to the ER.**
- After hours: follow the practice's posted after-hours instructions

### **Acknowledgments (Patient/Parent)**



1. This membership is not insurance and does not cover hospital, ER, or specialist care.
2. Vaccines and certain tests/procedures are not included and will be billed at posted member prices or per practice billing policy.
3. Age-based pricing applies beginning the next billing cycle after my child's 1<sup>st</sup>, 3<sup>rd</sup> and 6<sup>th</sup> birthday.
4. Patients over 5 years and 10 months will be charged the rate of a 6 year old.
5. I am responsible to pay for any non-covered charges on the date of service the non-covered charges are rendered.
6. My credit card will be charged on the 15<sup>th</sup> (or next business day) of each month.
7. This agreement will auto-renew every year unless canceled with a 30-day notice.
8. My balance, if any, will be due in full and charged to my credit card on file.
9. Terms may be updated with notice; continued membership implies acceptance of updated terms.

### **Enrollment Information**

Child's Name: \_\_\_\_\_

DOB: \_\_\_ / \_\_\_ / \_\_\_\_

**Age Tier at Start:**  NB-11 months  12 months-35 months  3-5 yr  6 yr and Up

Parent/Guardian Name: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Start Date: \_\_\_ / \_\_\_ / \_\_\_\_

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

Practice Representative: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_



## **FAQ**

### **Is this insurance?**

No. It's a cash pay agreement that improves access and simplifies many office-based services. This agreement only applies to 1816 patient accounts. However, we do recommend that you have insurance to cover Hospitalizations/Surgeries/Emergencies

### **Are vaccines included?**

No. Vaccines and administration are not included in this agreement.

### **How many visits are included?**

8 sick visits and all age-appropriate well visits during office hours are included for NB to 5 years; 6 sick visits and 1 scheduled well visit during office hours are included for 6 years and up. If the child is 5 years and 10 months or more, you will be charged the rate of a 6 year old. Your care team guides what is clinically appropriate.

### **Are tests like vision, hearing, lead, and Hgb/Hct included?**

Yes. In-office vision screening, hearing screening, and point-of-care lead and hemoglobin/hematocrit (Hgb/Hct) are included as clinically indicated. Any other labs or imaging not listed remain separate and are charged at posted member cash prices.

### **Do you bill my insurance for anything?**

No. Nothing through this agreement gets billed to insurance.

### **Do you offer after-hours care?**

Yes. Follow our posted after-hours instructions.

### **Can I cancel anytime?**

Yes, with 30-day notice. Your total account balance, if any, will be due in full before cancellation is approved.

### **How do I add tests or add-on services?**

You can approve add-ons at the visit; we'll review prices up front and charge for anything not covered at checkout.