



Teddy Bear Pediatrics

& Sleep Medicine

Sleep Study Deposit Form

Patient Information

- **Patient Name:** _____ **DoB:** _____

Deposit Policy

To confirm patient's **in-lab or home sleep study appointment**, a **deposit of \$150** is required.

This deposit reserves your study and covers administrative, and preparation costs associated with your appointment or the loaning of equipment for a home sleep study.

Please Note:

- The deposit is **non-refundable** if the appointment is **cancelled with less than 72 hours' notice** or in the event of a **no-show**.
Our technicians have to be paid for scheduling each study regardless if patients are showing up or not; therefore, we are unable to refund deposits within 72 hours of the scheduled appointment for any reason including if the child is sick, out of town or any other foreseen or unforeseen circumstances.
- Deposits can be made by **cash, credit/debit card, or check**.
- The deposit will be **applied toward your remaining balance** (e.g., deductible, copay, or coinsurance) once your insurance company has processed your claim.
Insurance processing may take **2–6 months** for approval or denial.
- If insurance covers the full cost, and you don't have any remaining balance after claim is processed, the deposit will be **refunded or credited** to your account.

Credit/Debit Card on File: You authorize **Teddy Bear Pediatrics & Sleep Medicine** to charge the card for any **outstanding patient balance** after your insurance company has processed the claim.

Acknowledgment

I have read, understand, and agree to the deposit and cancellation policy stated above.

I understand that I am financially responsible for any remaining balance, including copays, deductibles, or non-covered services, after my insurance company has processed the claim.

Parent/Guarantor Signature: _____ **Date:** _____

Name of Parent/Guarantor: _____

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