

Southwest Pediatrics Office Policy

Patients name and DOB: _____

We are dedicated to providing the best possible care for your child, and we want to make sure you completely understand our office policies. If you have any concerns please feel free to contact the office manager.

Financial Policy Acknowledgement

All payments are due at the time of service. If we are providers for your insurance, we will bill your insurance and collect only the patient responsibility amount at the time of service. IT IS YOUR RESPONSIBILITY TO INFORM US OF ANY CHANGES WITH YOUR INSURANCE. Many insurance plans have "timely filing deadlines". If we are not provided with accurate information at the time of service, you may be responsible for payment in full for all services rendered.

Please keep in mind that your insurance is a contract between you and the insurance company. Not all insurances cover all procedures. This is impossible for us to keep track of however we will do our best to help you. You can at any point ask if we have found a procedure hard to collect on from the insurance companies. We have found it hard to collect on the following items thus far: some immunizations, wart removal, ear curettage, any type of cauterization, circumcisions, incision and drainage of a wound.

Southwest Pediatrics has preferred provider contracts with most major insurance companies. Please contact your insurance company to determine if our practice has a contract with *your* insurance company. Any financial portion that is the "member's responsibility" such as a co-pay, deductible or a non-covered percentage will be collected *at the time of service*

A NOTE ON WHAT WE CALL TWO-FERS: We respectfully ask that you refrain from asking your doctor to examine siblings that do not have appointments. This prevents us from properly documenting the visit in the medical record as well as prevents us from seeing the next scheduled patients on time.

DIVORCE DECREE: We are not a party to your divorce decree. The responsibility for payment and the presentation of active insurance cards at the time of service is the responsibility of the accompanying adult.

PAYMENTS: We accept cash, debit cards, Visa, MasterCard, and personal checks. Any outstanding balances are due within 30 days of the statement. If you experience circumstances beyond your control, please call our billing office and we will be happy to make payment arrangements. All balances reaching 90 past due *may* be sent to a collection agency.

RETURNED CHECKS: Checks returned to us by the bank will be assessed a returned check fee of 25.00 in addition to the original amount of the check.

MISSED APPOINTMENTS: We understand there will be times when a scheduled appointment cannot be kept. If you need to cancel or reschedule an appointment, we request that you notify our office 24 hours in advance. If your appointment is made for "same day" and you find yourself unable to keep it, please call to cancel with a minimum of three hours notice in order for another child to be scheduled. If you do not call and you do not show up for your appointment, we will consider this a "no show." If this happens 3 times the office may terminate the doctor patient relationship.

AFTER HOUR CALLS: If you need medical assistance after 5:00 pm or on the weekend we do provide after hour phone call services. There is a nominal fee of 15.00 for these calls.

I authorize medical care and accept the financial responsibility for my children, my step children, and/or the child(ren) that I am accompanying. I am responsible for all fees and will assure the charges are paid in a reasonable time.

I authorize the release of any medical or other information necessary to process any claims.

I have read and fully understand the office policies of Southwest Pediatrics, and agree to the terms. I also understand that the terms of these financial policies may be amended by the Practice at any time without prior notification.

Parent/Guardian/Personal Representative

Date

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Authorization to Leave Messages on Voice Mail/Machines

I acknowledge that it is my right to refuse to authorize reminder calls and other types of detailed messages to be left on my voice mail and/or answering machine. This authorization can only be revoked in writing.

Yes, please leave me a message: (Please list numbers we can call to leave messages)

No, don't leave any specific messages.

Signature of Parent or Legal Guardian

Date

Authorization for Medical Treatment of Minors

I, _____ the parent/legal guardian of the above named minor, do here appoint the following person(s) to act on my behalf in authorizing medical care for my child.

<u>Name</u>	<u>Address</u>	<u>Phone number</u>
_____	_____	_____
_____	_____	_____

I understand in my absence that Southwest Pediatric Associates can do an invasive procedure or administer injections if the person listed has given permission. I understand that it is policy for the adult present with the child is financially responsible for the patient portion of the bill at the time of service.

Signature of Parent or Legal Guardian

Date

****Please inform the above listed individuals to bring photo identification to appointments. ****

Unlisted individuals may obtain treatment for your child(ren) in the case of an emergency. In that case, an attempt to contact you by phone will be made. This authorization will remain in effect until those designated above have their consent revoked in writing.

I have read all of the information above and have completed the above answers. I certify this information is true and correct to the best of my knowledge. I will notify Southwest Pediatrics any changes in my health status, my child(ren)'s health status, or the above information. It is the policy of this office that the adult presenting the child for treatment is responsible for payment of the patient portion at the time of service.

Signature of Parent or Legal Guardian

Date

FOR FAMILIES NEW TO OUR PRACTICE

How did you find out about our office/ doctors? Friend/Relative ____ Referred by an OB or Hospital _____

Bell South Yellow Pages ____ Neighborhood Newsletter ____ Internet Search ____ Other: _____

If a person, would you mind naming them? _____