



Privacy, Financial, and Treatment Policies

Please initial each section acknowledgement and sign at the bottom of the form

Non-discrimination Policy

Phillips Pediatrics does not discriminate against any person on the basis of age, race, color, national origin, gender, sexuality, religion, creed, or disability in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact: Dr. Catherine Phillips: 662-371-1543

Non-discrimination Policy Initial: _____

Section 504 Notice of Program Accessibility

Phillips Pediatrics and all of its programs and activities are accessible to and usable by disabled persons, including persons with impaired hearing and vision. If you require any assistive or communication aids, please let any member of our staff know as most are provided to you at no additional charge.

Section 504 Notice Initial: _____

Privacy Practices

I understand that the patient's health information is private and confidential. I understand that **Phillips Pediatrics** works very hard to protect the patient's privacy and preserve the confidentiality of the patient's personal health information. I understand that **Phillips Pediatrics** may use and disclose the patient's personal health information to help provide healthcare to the patient, to handle billing and payment, and to take care of other health care operations.

Phillips Pediatrics has a detailed document called the "Notice of Privacy Practices" at our front desk and on our website. I understand that I have the right to read the "Notice" at any time. This Notice of Privacy Practices may be updated periodically. For questions or concerns, contact our Front Desk for the Privacy Officer.

- Do / Do Not leave messages on my answering machine or voicemail
- Do / Do Not call me at home.
- Do / Do Not call my cell phone.
- Do / Do Not send me text messages to notify me of appointment reminders.
- Do / Do Not send portal messages.
- Do / Do Not mail appointment reminders or other correspondence to my home. If not, please provide an alternate mailing address: _____

Privacy Practices Initial: _____

Medical Records

I understand that Phillips Pediatrics will provide a copy of my medical records on a disc. You have the right to request your records in a different format. Paper copies will be charged at the State rate of \$1.00 per page. Records for non-emergent needs can take up to 30 days. As per State rules, state and federally funded insured are not charged for medical records.

Medical Records Policy Initial: _____

Working with my Insurance

I authorize **Phillips Pediatrics, LLC** (or "**Phillips Pediatrics**") to submit each visit and service to my insurance company on my behalf. I authorize the release of any medical or other information for the purpose of providing care or securing payment for services rendered. I authorize the payment of medical benefits directly to **Phillips Pediatrics**.



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I agree that I am financially responsible for any charges not covered by my insurance carrier for services provided including but not limited to: co-insurance, co-payment and/or deductibles and agree that I am to pay any of these non-covered charges at the time of service. Co-payments are required for each patient seen. Co-payments not paid at the time of service will be assessed an additional \$25 processing fee.

Phillips Pediatrics is not a party in divorce or separation agreements. We bill one guarantor and expect at least one valid credit card will be kept on file for outstanding balances. We do not handle billing or insurance coverage disputes between parents. The individual bringing in the child for services or unaccompanied teens will be held financially responsible for any co-payment or unpaid charges on the account.

I understand and agree that if my insurance company subsequently notifies a rendered service is not a covered benefit for any reason on my insurance plan, I am to pay in full the amount not covered upon receipt of the patient statement ("EOB") and my credit card will be charged.

It is your responsibility to know if a written referral or authorization is required to see specialists or preauthorization is required prior to a procedure or study.

Working with My Insurance Initial: _____

Credit Card Policy

I understand that **Phillips Pediatrics** requires a credit card on file. My insurance requires payment at time of service for all deductibles, co-pays, and coinsurance. As a courtesy, **Phillips Pediatrics** will keep my credit card on file and process payment when the EOB is received from my insurance. Otherwise all charges must be settled at the time of service. **NO EXCEPTIONS** to this policy. I understand it is my responsibility to checkout at the time of visit if I refuse to leave my credit card on file. If I do not settle at check-out and do not have a credit card on file, my account will be considered past due and a \$25 fee will be incurred. I understand it is my responsibility to update my credit card on file when it expires or is replaced. I understand that having a credit card on file ensures payment and allows me additional time to settle my account and that credit cards are stored electronically and are encrypted. State and federally funded insured are not required to leave a credit card on file as there is no balance billing.

I understand that if I am a non-**Phillips Pediatrics** patient/visitor I am required to place my credit card on file. As above, state and federally funded insured are not required to leave a credit card on file.

Credit Card Policy Initial: _____

Insufficient Funds, Past Due Accounts, and Collection Process

A \$50 fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred. Overdue bills are assessed a \$25 fee.

I understand that if my account is over 60 days past due, the process of being sent to collection will be initiated. Should the account be referred to a collection agency, I will pay all reasonable fees and collection expenses, and I understand that all delinquent accounts bear interest at the legal rate. I will be able to receive emergency care for my children for 30 days but will not be able to schedule appointments until my account is settled.

Insufficient funds, Past Due Accounts and Collect Process Initial: _____

Administrative Fee

In order to provide full-access care as your child's medical home, we provide unlimited form completion for school/camp/sports, medical letters of necessity, non-medical insurance forms such as FMLA, disability, life and other administrative services. **Phillips Pediatrics** also offers access to you on our website, through our on-line patient portal twenty-four hours a day, and an after-hours service. There is a small annual fee



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of \$25 per family that will be charged annually to your credit card. This is the responsibility of parent/guardian and cannot be submitted to any insurance carrier. This fee is waived for state or federally funded insured and visiting patient families.

Admin Fee Policy Initial: _____

Office Hours

Business hours at **Phillips Pediatrics** are from 8:00 am to 4:00 pm. Services rendered outside of these times are considered after hours. We are required to document after hours care with CPT codes 99050 and 99051. A fee applies to these codes. If my insurance does not cover these, I am responsible.

Office Hours Policy Initial: _____

After Hours

You have several ways to reach us after-hours, depending on your needs. We encourage our families to utilize the online portal. You can send routine questions, refill requests, and even schedule requests should your child become sick during the night, and your message will be returned the following morning. You can also leave a voicemail at the clinic with schedule requests, and the message will be returned when we open. For true urgencies that can't wait until the next day, you reach the on-call provider by calling the clinic. Please call 911 or go to the emergency room for true medical emergencies.

After Hours Policy Initial: _____

Appointment Reminders/No Shows/Late Cancellations/Late Arrivals

We value your time and ask that you value ours as well. If you need to cancel or reschedule your child's appointment, we will be happy to assist you. Please make appointment changes no later than 24 hours (1 business day) before your appointment. Appointments that are missed or cancelled without 24-hour notice are assessed a \$25 fee for sick visits and a \$50 fee for check-ups. Per state requirements, this fee is waived for state or federally funded insured. As a courtesy, we will remind you of missed appointments and try to reschedule your child when needed. If your family misses 3 appointments, you may be dismissed from the practice.

We make every attempt to remind you of appointments made in advance. Please confirm your appointments. We reserve the right to bump unconfirmed appointments during high-volume seasons.

We do our best to run on time and also need to honor the time of those who are prompt for their appointments; if you are more than 15 minutes late for an appointment, we will need to reschedule the visit, and you may be subject to a missed appointment fee.

No Shows/Late Cancellations/Late Arrivals Initial: _____

On-line Portal and Paperwork Requests

Phillips Pediatrics supplies each patient with an easy-to-use online portal. We encourage our families to utilize the portal because it is a great tool to access health information, print forms, and pay your bills online. Your child's shot record, a 121 form, is provided in the office after each checkup. Additionally, your child's visit summary and 121 Forms will be posted to the portal for convenient access. For all other paperwork, please allow 72 hours for completion. We upload to the portal unless a paper copy is requested. Custom documents may take 1 week.

We ask that you respect our time away from the office by limiting after-hours phone calls to medical urgencies and utilizing the portal for routine requests. At any time, you can send routine questions, refill requests, and even schedule requests through the portal, and your message will be returned the following morning.



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Pre-visit paperwork will be downloaded on your child's portal to be filled out prior to your visits. We know your time is valuable and this helps expedite visits, especially check-ups and ADHD follow-ups.

Vaccine Policy Initial: _____

Wellness Policy

Phillips Pediatrics strives to keep your children as healthy as possible. Routine check-ups should be scheduled within a month of your child's birthday. Certain health and developmental screenings, such as the ASQ developmental questionnaire, fluoride varnish to prevent dental caries, hearing and vision screening for early detection of abnormalities, and immunizations may or may not be covered by your insurance. In compliance with the American Academy of Pediatrics and state requirements, we follow Bright Futures Guidelines to provide the highest standard of care. We are required to document all services, and it is your financial responsibility should your insurance not cover routine wellness assessments. During well visits if any ADDITIONAL concerns or conditions arise, these will have additional codes and charges and therefore may require a CO-PAY at your child's well visit. Some insurance companies have changed how they process preventative services. I understand it is my responsibility to check with my insurance company for well visit coverage. Some plans allow one physical per calendar year, or once per 365 days. If it is not covered, you will be responsible for payment at time of service.

Wellness Policy Initial: _____

Sick at Well Visits

We are required to document any ADDITIONAL concerns or conditions that arise at well visits. The codes used may have charges and therefore may require a CO-PAY at your child's well visit as well as other fees that may not be covered by your insurance or that are applied to your deductible.

Sick at Well Policy Initial: _____

Vaccine Administrative Policy

I understand that Phillips Pediatrics will administer vaccines in accordance with the American Academy of Pediatrics Guidelines. I also understand that I will be given information about these vaccines and the opportunity to discuss them prior to administration. Phillips Pediatrics requires non-vaccinated or under vaccinated children to be on a catch-up schedule. In order to provide a safe office environment, schedule times are limited for unvaccinated children. Phillips Pediatrics supplies each patient with an easy-to-use online portal. We encourage our families to utilize the portal because it is a great tool to access health information and pay your bills online. One 121 form is provided in the office after each checkup. Additionally, your child's visit summary and 121 Forms will be posted to the portal. After-hours you can send routine questions, refill requests, and even schedule requests, and your message will be returned the following morning. Pre-visit paperwork will be downloaded on your child's portal to be filled out prior to your visits. We know your time is valuable and this helps expedite visits, especially check-ups and ADHD follow-ups. Please allow 72 hours for routine paperwork and 1 week for lengthy documents. If you need a paper copy or an additional copy of 121 form, a \$5 fee will be assessed.

Vaccine Policy Initial: _____

Permission to Treat

I understand that by signing below I authorize **Phillips Pediatrics** to provide medical care reasonable by today's standards.

Permission to Treat Initial: _____



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Acknowledgement of Financial Consent, Privacy & Vaccine Policy, and Permission to Treat

Signature of Parent/Guardian: _____

Print Name of Parent/Guardian: _____

Date: _____

Patient Name: _____

DOB: _____

Patient Name: _____

DOB: _____

Patient Name: _____

DOB: _____

Patient Name: _____

DOB: _____

For questions regarding our policies, feel free to ask the front desk. For expanded information about our office practices and policies please visit www.PhillipsPediatricsOxford.com.