

# FINANCIAL POLICY & CONSENT TO TREAT

Patient(s) Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name & Number of Pharmacy: \_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_, Zip Code \_\_\_\_\_

Race: \_\_\_\_\_  Decline to specify

Language: \_\_\_\_\_  Decline to specify

Ethnicity: \_\_\_\_\_  Decline to specify

**CONSENT FOR ONLY PARENTS TO BRING IN PATIENTS**

**CONSENT TO PERMIT INDIVIDUALS OTHER THAN PARENTS TO ACCOMPANY CHILDREN FOR TREATMENT** (authorize nanny/grandparent/step-parent/sitter to accompany child(ren) to Heights Pediatrics, P.C. for the provision of medical services and to view/discuss child's protected health information.) Please list all names of individuals allowed to bring in your child(ren).

Name(s): \_\_\_\_\_

These individuals are able to authorize procedures such as (check categories):

Immunizations  Lab Orders  X-Rays  In-house (strep test, RSV test, flu test, urine test, etc.)

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**\*USE THE FORM BELOW IF YOUR CHILD IS ALLOWED TO COME TO OUR OFFICE ON THEIR OWN.**

**CONSENT TO TREAT UNACCOMPANIED MINOR AT HEIGHTS PEDIATRICS, P.C.** (Request and authorize Heights Pediatrics, P.C. and its personnel to deliver medical care, this includes routine immunizations, in house lab work and treatments to my MINOR CHILD).

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last name, First Name Date of Birth

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last name, First Name Date of Birth

I/we may be reached at the following telephone numbers during my child(ren)'s appointment:

Name: \_\_\_\_\_ Phone:(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Name: \_\_\_\_\_ Phone:(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

I have received a copy of the HIPAA, Financial Policy & Consent to treat form.

For healthcare operations, we may use and disclose protected health information for our health care operations, including but not limited to the Dept. of Health immunization registry, health insurance quality review, etc.

I have read and understand this office policy and agree to comply and accept the responsibility for any payment due.

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

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

Entered by Staff Member: \_\_\_\_\_

### Heights Pediatrics – Office Financial Policy

Thank you for choosing Heights Pediatrics as your child's pediatricians and as one of our patients we would like to inform you of our current office financial policies. Once you have carefully read the following please sign this document and return to our office staff. If you have any questions, do not hesitate to ask one of our staff members.

1. Know your policy! Most plans have deductibles, coinsurances, and/or co-payments that are solely your responsibility at the time of your visit. The accompanying parent, grandparent, guardian, including babysitter is responsible for full payment at the time of service. We accept cash, check, Visa or Mastercard, you also have the option of leaving your credit card on file to be charged as balances accrue. If a personal check is bounced you will be charged a fee of \$35.00 plus the cost of the original balance. Co-payments not collected at the time of visit will be charged a \$10.00 fee plus the amount of the co-pay.
2. On arrival, please sign in at our front desk and present your most current insurance card. If the insurance company that you present is incorrect, you will be responsible for payment of the full cost of the visit and will be required to submit the charges to the correct plan.
3. Certain insurance require you to select a Primary Care Physician or a PCP. Please call your insurance prior to the visit and select one of our Heights Pediatrics physicians, if they have not been notified you may be financially responsible for this visit and/or your appointment will need to be rescheduled.
4. We do not submit to secondary insurance plans. If you have a secondary insurance, you must pay the balance and we can provide you with a receipt to submit for reimbursement. You are responsible for any balances on your account.
5. If you are insured by a non-participating carrier, we will expect payment from you at the time of service, and it will be your responsibility to submit any claims to your insurance company for direct reimbursement to you. We will provide you with the appropriate information to assist you in this process.
6. It is your responsibility to understand your benefits and to know if you require referrals for specialist visits. Referrals and prior authorizations for services and medications require at least 3 business days to complete. No retroactive referrals can be provided.
7. If our physicians are not on your insurance panel or you do not have insurance, then payment in full for services provided are required at the time of visit. For appointments that have already been scheduled, any and all prior balances must be paid prior to being seen.
8. Patient balances are billed immediately once your insurance plan's explanation of benefits (EOB) has been received by our office. Your payment is due within 10 business days of your receipt of your bill.
9. If you are unable to keep your scheduled appointment, we require you to contact our office within 24 hours before your appointment to reschedule or cancel. This will allow us to have another patient who needs that appointment to come in. If you do not contact us within 24 hours, we will charge a fee of \$50.00 for each child that was scheduled to be seen. We do not accept walk-in appointments, if you require an appointment you must call our office to schedule one. If you do walk-in for an appointment there will be a fee of \$75.00 in addition to the cost of the co-pay, coinsurance and/or deductible.
10. Any balance over 60 days will be forwarded to a collection agency.
11. We charge \$20.00 per child for each copy or transfer of medical records.
12. If your child has a school, camp, medication or sports forms to be completed there is a \$20.00 charge for each form to be filled out. If you require a Department of Education form or standard print out in our system we will charge a fee of \$10.00 for each form needed. Payment is due when the forms are dropped off. The turnaround time for forms to be completed is 1 week. If you need a form expedited and returned the same day there will be a charge of \$50.00 for each form plus the cost of the form to be filled.
13. Before scheduling your child's annual physical appointment, check with your insurance company whether the visit will be covered as a healthy visit. Not all plans cover vision and hearing screens, questionnaires, strep tests, flu test, etc., as well as the physical exam. It is your responsibility to know your insurance benefits. If services are not covered, you will be responsible for payment at the time of the visit.
14. WELL AND SICK VISITS AT THE SAME TIME: Your insurance company may cover well and sick visits differently, and it is very important that you familiarize yourself with the details of your insurance coverage. While some insurance companies may pay for well visits 100% (where there is no cost to you), sick benefits may include a co-pay, co-insurance, and/or deductible. If during a well visit your child is sick or has an issue that is not related to the normal growth and development of your child, and he/she needs treatment and/or medical attention for your concerns, your provider may bill the insurance company for both services. Regardless of whether there is no charge for the well visit, you will be responsible for any charges passed on to you for the sick visit portion. Conversely, the provider may decide to reschedule the well visit and focus on the issue that is causing the concern. In either case, you will be asked to pay for the sick visit portion of your visit while you are here just like if you had scheduled a sick visit that very day.
15. Not all services we provide are covered by every plan; those services that the insurance determines to not be covered will be your responsibility, i.e.: Holiday/Evening/Weekend Codes, in house testing such as strep, RSV, flu, urinalysis, etc.

Please call our office if you have a question about your bill. Most problems can be resolved quickly and your call will prevent misunderstandings. If you have trouble paying a bill, please discuss the situation with us and arrangements can be made. Financial considerations should never prevent children from receiving the care they need at the time that it is needed.