

Office Policies

Patient Registration:

Upon registration we ask each patient's parent/guardian to read the "Patient Registration Form." This allows us to gather appropriate information necessary for filling out insurance claims on your behalf. This form will be used as permission for such purposes as release of medical information for insurance claim filing, and releasing information to consulting physicians or specialists. We will ask that you update this form every year. If you have any changes, you will need to inform the staff immediately.

Health Insurance:

Health Insurance is an agreement between you and your insurance carrier to pay for medical care. Our office will file your insurance as a courtesy to you. You will be responsible for all medical care that your insurance company does not pay. Copay's, deductibles, and percentages are due at the time of the visit. If you receive a statement from our office, this will show you the balance that your insurance company has not paid. This is your responsibility, and needs to be paid by you, upon receipt of the statement. Should a significant delay in claim payment by your insurance company occur, you will be responsible.

Collection:

If you have a delinquent account with our office, our accounting department will make payment arrangements with you. If the agreement is not followed by you, we send these accounts to collections, at which time we ask that you find a new physician for your child(ren). When an account goes to collections we will add on a 30% collection fee to your balance.

Referrals:

If your insurance company requires you to obtain a referral for services other than those provided by our office, we will assist with obtaining the referral as your primary care physician. Before this can be done we have to have it documented in your child's medical record that we did send you for this extended care. After you made the appointment with the specialist office, you will need to call our accounting department with all the necessary information (Patient name, date of birth, specialist name, date of appointment, and type of insurance). We require at least 48 hours notice, unless the service was considered an emergency.

Divorce:

We are well aware that many of our patients have been involved in this legal situation; however it is a private issue not a health care one. We expect that the parent/guardian who brings the child to the office will be responsible for payment. We do not involve ourselves in any personal/legal disputes between our patient's parents/guardians. We will only bill the parent where the child resides. If you wish for the other parent to be responsible for payment, it is your responsibility to obtain payment for yourself, our office only has a financial agreement with you as the custodial parent/guardian.

Appointment Reminders:

Our office will call to remind you of an appointment, we do this as a courtesy, it is your responsibility to remember when you make an appointment with our office. Our office does extend a \$30 charge for all missed appointments.

HIPPA – Health Insurance Portability & Accountability Act:

Our office has created a "Patient's Privacy Notice" that you will need to read and you may be asked to sign several forms relating to the protection of your personal information and how it is used in our office. You can find the "Patient's Privacy Notice" in the waiting room.

I, the undersigned, hereby agree that I have read and understand all of the Office Policies of Springhurst Pediatrics, PLLC. If I have any financial questions or concerns, I will contact the accounting department, otherwise, I agree to be financially responsible for the full treatment of my child(ren).

Parent/Guardian Signature

Date

Office Personnel