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Southwest Children's Center, P.A. has been providing superior pediatric care to the families of San Antonio and its surrounding areas since 1977. Our practice has grown to become one of San Antonio's premiere pediatric groups with practice locations in the South Texas Medical Center and in the Hill Country. Our practice continues to be owned and operated by the physicians that provide your child's care. Our award-winning team is made up of board-certified pediatricians, licensed vocational nurses, medical assistants, a respiratory therapist, and an experienced support staff to assist you.

We strive to provide quality continuity of care at the time you and your children need us the most. In addition to our standard business hours, we offer weekend and most holiday same-day sick visits. Both of our convenient locations offer ample, free parking.

Accessing your child's physician or clinic should not be difficult. We pride ourselves in providing quality, convenient healthcare for your family. Our experienced triage team will address your concerns and ensure that your children receive the care they need in a timely manner. If your child should need the services of a pediatric specialist, our referral department will assist you in scheduling those appointments. Our onsite laboratory enables our physicians to provide complete and timely care without leaving the office. In addition to these services, our experienced support staff is here to help you with any questions or concerns.

We look forward to caring for your child and becoming your child's medical home.

**PRIMARY (and mailing)**  
5282 Medical Drive, Suite 310  
San Antonio, Texas 78229

**SATELLITE LOCATION:**  
7903 Calle Rialto  
San Antonio, Texas 78257

Tel: 210-614-8687 | Fax: 210-614-7529



## FINANCIAL POLICY

Our office and physicians are committed to providing you with the highest quality care at a fair and reasonable cost. We request your help in avoiding unnecessary billing issues that may happen because of incorrect insurance information.

This is an agreement between Southwest Children's Center, P.A., as creditor, and the Patient/Debtor named on this form. In this agreement the words "you," "your," and "yours" mean the Patient/Debtor. The word "account" means the account that has been established in your name to which charges are made and payments credited. The words "we," "us," and "our" refer to Southwest Children's Center, P.A. By executing this agreement, you are agreeing to pay for all services received.

By signing the policy, you agree you have received, reviewed and agree to comply. Patients cannot be seen unless this Financial Policy is acknowledged.

### **PAYMENT IN FULL IS DUE AND EXPECTED AT TIME OF SERVICE.**

**Payments:** Payment is due at the time service is rendered. This includes all applicable co-payments, coinsurances, payments for services not covered or denied by your insurance company and any self-pay account balances. If you participate in (1) a HDHP (High Deductible Health Plan), (2) HSA (Health Savings Account, or (3) have a deductible that must be met prior to services being covered, Southwest Children's Center will collect \$50.00 at the time of service which will be applied towards your bill and future balances.

For your convenience, we accept cash, checks, credit cards, and money orders. Unless our billing staff approves other arrangements in writing, the balance on your statement is due 30 days from the billing statement date.

#### **Assignment of Insurance Benefits:**

In consideration of services rendered, I hereby transfer and assign all rights of payment due to me for medical and or surgical services under any policies of insurance.

I further authorize the physician(s) providing service to release for insurance purposes any information acquired in the course of my child/children's examination and treatment.

### **BRING YOUR CURRENT INSURANCE CARD TO EVERY VISIT.**

#### **Insurance Benefits:**

As a courtesy to our patients, Southwest Children's Center, P.A. will file claims to any insurance carrier with whom we are participating providers. We do not guarantee benefits. Our office is not responsible for the knowledge of your benefits. The insurance policy is a contract between you, your employer and the insurance company. Your insurance policy will determine coordination of benefits, co-pay amount, and deductibles/coinsurance. It is the responsibility of the cardholder to know what their eligibility and coverage is with their insurance carrier. If this is not known, the cardholder should verify coverage limitations prior to the appointment date. The individual authorizing treatment agrees to pay any portion not covered by your insurance.

I understand that if the child is not eligible under the terms of my medical subscriber health insurance agreement, I am liable for all charges for services rendered.

If you feel that your claim has been unfairly denied by your insurance company, it is the guarantor's responsibility to pursue the insurance company on their child's behalf. Payment of any claims that have not processed or paid within a timely manner (as determined by Southwest Children's Center) by the guarantor's insurance company becomes the responsibility of the person authorizing treatment for the child.

**Insurance Release: This** is to certify that I have been informed prior to receiving treatment today that my health plan may not be liable for service rendered if any of the following conditions apply:

- o My child/children may have a pre-existing condition or other diagnosis that may not be covered by my plan.
- o Provider not participating in my health plan.
- o Unmet deductible under my health plan contract.
- o Well-child check-up, immunizations, as well as other routine services may not be covered by some insurance plans. Please check with your insurance carrier if you are not sure if routine services are covered.

I further authorize the physician(s) providing service to release for insurance purposes any information acquired in the course of my child/children's examination and treatment.

**Self-Pay Accounts:** Southwest Children's Center, P.A. permits patients to be seen as self-pay; however, visit charges should be paid in full at the time of service. In order for the charges to be paid on the day of service, Southwest Children's Center requires the completion of the Credit Card Authorization Form and a credit card be placed on file. If payment cannot be made in full at the time of service, a "Payment Arrangement Authorization" plan can be made for 60 days or less, with the first payment payable the day services are rendered. Self-pay accounts are expected to pay their account balance to zero prior to receiving any further services by our practice.

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**Monthly Statements:** If you have a balance on your account, we will send you monthly statements. These statements represent the balance owed after we receive the explanation of benefits from your insurance with payment or denial information. The monthly statement will show separately any previous balances, new charges to the account and any payments received on the account during the prior month. You will receive a final notice once your account is 90 days past due. Accounts that are over 90 days past-due are subject to be sent to collections and dismissed from the practice.

**Credit Card on File:** For your convenience, a credit card is required to be kept on file for unpaid co-payments, balances over 60 days due under the amount of \$100.00 and self-pay visits. A credit card must be on file prior to any self-pay visits. The Credit Card Authorization Form allows Southwest Children's Center to process your card for past due balances under \$100.00 after all insurance has been applied or any self-pay balances due at time of service. Our office will send a courtesy text alert prior to processing any unpaid balance and provide an emailed receipt once processed.

Your credit card information is safely secured and encrypted on our software and only displays the last 4 digits of your credit card number. In addition, PCI compliance runs regularly on all Southwest Children's Center's devices. For your security, no Southwest Children's Center, P.A. staff member, 3<sup>rd</sup> party or outside vendor will ever have access to your information.

**Past Due Accounts/Collections:** If your account is past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs that are incurred. All accounts sent to the collection agency will be reported to the Credit Bureau. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyers' fees that we incur plus all court costs. In case of suit, you agree the venue shall be in Bexar County, Texas. In all cases where accounts are sent to collections, physicians of Southwest Children's Center, P.A., will no longer provide care to any patient on the account. The guarantor will receive written notification and will be given sufficient time to find a new healthcare physician outside of the practice.

**Payment Arrangements:** We understand certain circumstances may prohibit full payment on a balance. As a courtesy to our patients and families, Southwest Children's Center offers payment plans for certain balances. The payment plan, "Payment Arrangement Authorization," is a binding contract. Patients and families with 'Payment Plan Agreements' must be in full compliance and in good standing with all conditions of the agreement for services to be rendered (patients to be seen). Failure of automatic payments to process on a 'Payment Arrangement Authorization' will result in account being turned over to a collection agency and dismissal from the practice.

**Change of Insurance/Change of Address:** Guarantor is responsible of notifying the office as soon as possible of all insurance and address changes. If Southwest Children's Center, P.A. is not notified within 15 days of any changes, the guarantor is responsible for all charges not paid because of change in insurance coverage. Guarantor is also responsible for notifying all insurance companies of any change in address.

**Missed Appointments/Cancellations:** We work hard to offer our patients appointments that are convenient for both you and your children and missed appointments cost other patients who could have been seen in the time frame set aside for you. Cancellations are requested **2 hours** in advance for all standard (15 Minute appointments) and **24 hours** prior to any extended appointment (30 Minute appointments). "No Show" Fees will apply to all visits that are missed or not cancelled within the timeframe stated above. 15 Minute Appointments (Well Child/Preventative, Sick Visits, ADD/ADHD):\$75.00 Fee; 30-Minute Appointments (ADD/ADHD, parent consults, etc.): \$75.00 Fee. Excessive missed appointments will result in dismissal from Southwest Children's Center, P.A.

**Walk-In Fee:** Patients are seen by appointment only. Should a patient walk in without a scheduled appointment and is seen by a provider, there will be a \$50.00 fee. Patients should not expect to be seen without an appointment.

**Returned Checks:** There is a fee (currently \$35<sup>00</sup>) for any check returned by the bank. Cash or credit card payments will be required for any account with more than one Returned Check Fee in a twelve-month period.

**Waiver of Confidentiality:** You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if you are past due, the status is reported to a credit-reporting agency and the fact that your child received treatment at our office may become a matter of public record.

**Weekend/Holiday Appointments:** There will be a \$35<sup>00</sup> [weekend] fee billed to your insurance. If your insurance does not pay, you may be responsible for payment.

**Divorce:** In the case of divorce or separation, the parent authorizing treatment for the child/children will be the responsible party for payment and subsequent charges on the account. Your divorce decree is an issue between you and your ex-spouse and not our office. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent. We will collect payment from the parent who brings the child to the visit.

**Transfer of Records:** Should you wish to transfer care to another physician outside of our office, you will need to complete the Authorization to Disclose PHI form, available on our website. This form needs to be completed in its entirety for us to process the request. All remaining balances on the account should either be paid in full or a "Payment Arrangement Agreement" set up with our billing department prior to the transfer of records.

**Billing Inquiries:** Billing and insurance questions should be directed to our Billing Department via your patient portal. "Billing Inquiries" will be addressed within 2-3 business days through the patient portal, or for urgent billing needs, you may contact our billing department directly at (210) 614-8687 ext. 2505.

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Page | 3

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## NOTICE OF PRIVACY PRACTICES

**EFFECTIVE DATE:** September 3, 2013 (Revised 11/17/2016)

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a hospital, physician, dentist, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and helps you make more informed decisions when authorizing disclosure to others.

### YOUR HEALTH INFORMATION RIGHTS

Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it. However, you have certain rights with respect to the information. You have the right to:

1. **Receive a copy of this Notice of Privacy Practices** from us upon enrollment or upon request.
2. **Request restrictions on our uses and disclosures of your protected health information** for treatment, payment and healthcare operations. This includes your right to request that we not disclose your health information to a health plan for payment or health care operations if you have paid in full and out of pocket for the services provided. We reserve the right not to agree to a given requested restriction.
3. **Request to receive communications of protected health information in confidence.**
4. **Inspect and obtain a copy of the protected health information** contained in your medical and billing records and in any other Practice records used by us to make decisions about you. If we maintain or use electronic health records, you will also have the right to obtain a copy or forward a copy of your electronic health record to a third party. A reasonable copying/labor charge may apply.
5. **Request an amendment to your protected health information.** However, we may deny your request for an amendment, if we determine that the protected health information or record that is the subject of the request:
  - was not created by us, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment;
  - is not part of your medical or billing records;
  - is not available for inspection as set forth above; or
  - is accurate and complete.In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.
6. **Receive an accounting of disclosures of protected health information** made by us to individuals or entities other than to you, except for disclosures:
  - to carry out treatment, payment and health care operations as provided above;
  - to persons involved in your care or for other notification purposes as provided by law;
  - to correctional institutions or law enforcement officials as provided by law;
  - for national security or intelligence purposes;
  - that occurred prior to the date of compliance with privacy standards (April 14, 2003);
  - incidental to other permissible uses or disclosures;
  - that are part of a limited data set (does not contain protected health information that directly identifies individuals);
  - made to patient or their personal representatives;
  - for which a written authorization form from the patient has been received
7. **Revoke your authorization to use or disclose health information** except to the extent that we have already taken action in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.
8. **Receive notification if affected by a breach of unsecured PHI.**

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Page | 4

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## HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

This organization may use and/or disclose your medical information for the following purposes:

**Treatment:** We may use and disclose protected health information in the provision, coordination, or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another.

**Payment:** We may use and disclose protected health information to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities.

**Regular Healthcare Operations:** We may use and disclose protected health information to support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities.

**Appointment Reminders:** We may use and disclose protected health information to contact you to provide appointment reminders.

**Treatment Alternatives:** We may use and disclose protected health information to tell you about or recommend possible treatment alternatives or other health related benefits and services that may be of interest to you.

**Health-Related Benefits and Services:** We may use and disclose protected health information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also disclose your protected health information to notify a person responsible for your care (or to identify such person) of your location, general condition or death.

**Business Associates:** There may be some services provided in our organization through contracts with Business Associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

**Organ and Tissue Donation:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Worker's Compensation:** We may release protected health information about you for programs that provide benefits for work related injuries or illness.

**Communicable Diseases:** We may disclose protected health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Health Oversight Activities:** We may disclose protected health information to federal or state agencies that oversee our activities.

**Law Enforcement:** We may disclose protected health information as required by law or in response to a valid judge ordered subpoena. For example in cases of victims of abuse or domestic violence; to identify or locate a suspect, fugitive, material witness, or missing person; related to judicial or administrative proceedings; or related to other law enforcement purposes.

**Military and Veterans:** If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.

**Lawsuits and Disputes:** We may disclose protected health information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. An inmate does not have the right to the Notice of Privacy Practices.

**Abuse or Neglect:** We may disclose protected health information to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Fund raising:** Unless you notify us you object, we may contact you as part of a fund-raising effort for our practice. You may opt out of receiving fund-raising materials by notifying the practice's privacy officer at any time at the telephone number or the address at the end of this document. This will also be documented and described in any fund-raising material you receive.

**Coroners, Medical Examiners, and Funeral Directors:** We may release protected health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release protected health information about patients to funeral directors as necessary to carry out their duties.

**Public Health Risks:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose such as controlling disease, injury or disability.

**Serious Threats:** As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Food and Drug Administration (FDA):** As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Research (inpatient):** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

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**OUR RESPONSIBILITIES**

We are required to maintain the privacy of your health information. In addition, we are required to provide you with a notice of our legal duties and privacy practices with respect to information we collect and maintain about you. We must abide by the terms of this notice. We reserve the right to change our practices and to make the new provisions effective for all the protected health information we maintain. If our information practices change, a revised notice will be mailed to the address you have supplied upon request. If we maintain a Web site that provides information about our patient/customer services or benefits, the new notice will be posted on that Web site.

Your health information will not be used or disclosed without your written authorization, except as described in this notice. The following uses and disclosures will be made only with explicit authorization from you: (i) uses and disclosures of your health information for marketing purposes, including subsidized treatment communications; (ii) disclosures that constitute a sale of your health information; and (iii) other uses and disclosures not described in the notice. Except as noted above, you may revoke your authorization in writing at any time.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions about this notice or would like additional information, you may contact our Privacy Officer, Jasmine Zuniga at the telephone or address below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Officer at Southwest Children's Center, P.A. or with the Secretary of the Department of Health and Human Services. The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. We will take no retaliatory action against you if you make such complaints.

The contact information for both is included below.

<p><b>U.S. Department of Health and Human Services</b></p> <p>Office of the Secretary          200 Independence Avenue, S.W.          Washington, D.C. 20201          Tel: (202) 619-0257          Toll Free: 1-877-696-6775  <a href="http://www.hhs.gov/contacts">http://www.hhs.gov/contacts</a></p>	<p><b>Southwest Children's Center, P.A.</b></p> <p>Jasmine Zuniga, Privacy Officer          5282 Medical Drive, Suite 310          San Antonio, TX 78229          Tel: (210) 614-8687          Fax: (210) 614-7529</p>
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**NOTICE OF PRIVACY PRACTICES AVAILABILITY**

This notice will be prominently posted in the office where registration occurs. You will be provided a hard copy, at the time we first deliver services to you. Thereafter, you may obtain a copy upon request, and the notice will be maintained on the organization's Web site (if applicable Web site exists) for downloading.

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As part of my healthcare, Southwest Children's Center, P.A. originates and maintains health records describing by health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. This information serves as:

- A basis for planning my care and treatment
- A means of communication among many healthcare professionals who contribute to my care
- A source of information for applying my diagnosis and surgical information to my bill
- A means by which a third-party payer can verify that services billed were actually provided
- And a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

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## OFFICE POLICIES AND PROCEDURES

### CONSENT TO TREAT POLICY

I have the legal right to consent to medical and surgical treatments for this patient. I voluntarily authorize and consent to the medical care, treatment and diagnostic tests that providers of Southwest Children's Center, P.A. believe are necessary for my child. I give permission to the doctors, nurses and other healthcare providers in this medical office to provide treatment to this child as long as my child/children are a patient of this practice.

Parent/legal guardians must be present for all children under the age of 18. Anyone other than the parent/legal guardian accompanying the patient to the visit in the absence of a parent/legal guardian must be authorized (on the Minor Authorization Form) to bring your child to the visit.

### APPOINTMENTS

We see patients, by appointment, seven days a week. Patients should not expect to be seen without a scheduled appointment. If you arrive without an appointment, you may not be able to see the physician. Walk-in patients and late arrivals greatly decrease the efficiency of our physicians and are unfair to patients who are on time and have scheduled appointments. Additional fees apply to any patient who arrives to our office without an appointment. "Walk-in" patients may be worked into the daily schedule as time allows.

We ask that patients and families arrive 15 minutes prior to their scheduled appointment. For families with multiple children, each patient must have a separate appointment. It is best to schedule non-urgent appointments, such as well check-ups, sports/camp physicals, and parent consultations at least two weeks in advance.

As a courtesy to our patients, we provide an automated text message appointment reminder two days prior to the scheduled appointment. Standard text message rates may apply. Appointment reminders are *courtesy* notifications. Patients and families are responsible for arriving to their appointments on the correct day, at the correct time and at the correct location. Appointments scheduled less than 2 days prior to their appointment will not receive a reminder text.

### PRE-CHECK-IN

Pre-check-in greatly increases the efficiency of your check-in and visit. Families get the convenience of updating their demographic and insurance information, which reduces transcription errors and minimizes paperwork and time at the front desk upon your arrival. Pre-check-in text message alerts will be sent prior to your child's scheduled appointment. Please complete the pre-check-in process through your child's patient portal prior to your arrival for your child's appointment.

### LATE ARRIVALS

Your timeliness affects our ability to provide our patients with efficient medical care. Thus, our office has little tolerance for late arrivals. If you arrive late for a non-urgent visit, we may have to reschedule your appointment. If you are running late for your appointment, we kindly ask you notify our office. If you are more than 15 minutes late to your appointment, your appointment may need to be rescheduled.

**Excessive late arrivals could result in dismissal from Southwest Children's Center, P.A.**

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## MISSED APPOINTMENTS/CANCELLATIONS

We work hard to offer our patients appointments that are convenient for both you and your children. Missed appointments cost other patients who could have been seen in the timeframe set aside for you. Cancellations are requested **2 hours** in advance for all standard (15 Minute appointments) and **24 hours** prior to any extended appointment (30 Minute appointments). "No Show" Fees will apply to all visits that are missed or not cancelled within the timeframe stated below.

15 Minute Appointments (Well Child/Preventative, Sick Visits, ADD/ADHD, etc.) (Require 2-hour cancellation)	\$75.00 Fee
30-Minute Appointments (ADD/ADHD, parent consults, etc.) (Require 24-hour cancellation)	\$75.00 Fee

Excessive missed appointments will result in dismissal from Southwest Children's Center, P.A.

## WELL VISIT SCHEDULE

Regular well-child visits are one of the most important things you can do to keep your child healthy. Well child visits also provide you with the opportunity to discuss any questions or concerns you may have about your child's health. Your child should have a well child visit at the interval listed on our website and on the Routine Well Visit & Vaccine Schedule on page 17 of this packet. More detailed information regarding the visits can be found on our website. We recommend that you call the office or schedule online 2 months or more in advance to schedule with your child's primary care provider on the date that best fits your needs.

If during the well-child visit, there are any abnormal symptoms, diagnoses, medication refills or additional examination due to an acute illness or chronic condition, the physician is required to document these items in your child's medical chart with additional codes that may result in an Office Visit charge in addition to your wellness exam. In these cases, your insurance may require you to pay the contracted co-pay, deductible, co-insurance based upon the specifics of your individual plan benefits.

## SICK VISITS

Southwest Children's Center strives to see your children for all their sick needs. We STRONGLY believe that fragmented medical care (urgent care, insurance company teledocs and pharmacy clinics) is suboptimal medical care. To make accessing us convenient when your child is sick, we offer same-day sick appointments 7 days a week. Southwest Children's Center offers weekday, same-day sick appointments at *all locations* in addition to weekend morning (and most holidays) same-day sick appointments at our primary location in the Medical Center.

## ONLINE SCHEDULING

Your health is our priority and now scheduling your appointment is easier than ever! We offer convenient online scheduling, allowing you to book a visit at a time that works best for you. Skip the phone lines and secure your child's well or sick appointment in just a few clicks through your child's portal.

Online scheduling is not available for all visits and physicians. Certain visits and limiting factors may require you to contact the office to schedule your appointment.

Please keep in mind that pre-scheduled appointments between 8-10 a.m. that are not cancelled the day prior (if unable to attend) are subject to the Missed Appointment Fee.

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## TELEMEDICINE APPOINTMENTS

The physicians of Southwest Children's Center feel strongly that the best medicine is practiced in person; however, in certain circumstances, a telemedicine appointment may be recommended or offered by our phone triage staff. If a telemedicine appointment is offered, additional forms will be required prior to the visit. Failure to complete the required forms or appear for the telemedicine appointment will result in a Missed Appointment Fee.

## WEEKDAY CLINIC HOURS

Monday-Thursday 8:00 a.m. to 5:00 p.m.  
Friday 8:00 a.m. to 4:00 p.m.

## AFTER-HOURS CALL

After the clinic closes, our families may utilize the Methodist Children's Hospital Nurse Triage Service at (844) 70-NURSE [844-706-8773] for medical-related questions. A designated Southwest Children's physician is available for any calls needing a physician's attention which is routed through our after-hours answering service.

## WEEKEND APPOINTMENTS

Weekend appointments are available out our Medical Center location only. Weekend appointments are available for urgent care and acutely ill-established patients. On weekends, we open and begin scheduling appointments at 8 a.m. The office closes at 12 noon or after the last scheduled appointment (whichever comes first).

All patients *must* have an appointment to be seen. Online scheduling may not be available on weekends.

On the weekends, there will be a convenience fee billed to your insurance. If the fee is not covered by your insurance, you may be responsible.

## HOLIDAY APPOINTMENTS

Our office is closed on New Year's Day, Easter Sunday, Independence Day, Thanksgiving Day and Christmas Day.

Our office is usually open for urgent care and acutely-ill established patients on all other holidays at our primary location at the Medical Center only.

On select holidays at the Medical Center location, we are open and begin taking appointments at 8 a.m. The office closes at 12 noon or after the last scheduled appointment (whichever comes first). On holidays, there will be a convenience fee billed to your insurance. If the fee is not covered by your insurance, you may be responsible.

All patients must have an appointment to be seen. Online scheduling may not be available on holidays.

## PATIENT PORTAL

Southwest Children's Center, P.A.'s patient portal is available for all patients and families. We strongly urge parents and legal guardians to obtain access to their child's patient portal. On our portal, you may view your upcoming visits, view your child's medical record, view, print or email their vaccination record, communicate with our office, complete the pre-check-in process and make payments. To obtain access to your child's medical records, please request access from one of our front office specialists.

**PRIMARY (and mailing)**  
5282 Medical Drive, Suite 310  
San Antonio, Texas 78229

Tel: 210-614-8687 | Fax: 210-614-7529

**SATELLITE LOCATION:**  
7903 Calle Rialto  
San Antonio, Texas 78257



## NURSE TRIAGE

As a convenience to our patients, our experienced phone triage staff is available to you during office hours to answer medical questions or concerns. Our experienced triage staff can provide symptom management and guidance, advise when medical care is necessary and directly communicate with your physician for your child's medical needs.

You can reach one of our experienced triage team through the phone triage line. You may also utilize the patient portal to communicate a non-urgent phone triage inquiry to our nursing staff. Turnaround time for non-urgent inquiries is 72 hours. The non-urgent phone triage inquiry portal message is not intended for emergencies or acute illnesses requiring immediate or timely assistance.

## PRESCRIPTION REFILLS/FORM COMPLETION

Our patient portal offers you a convenient 24-hour means to request refills for certain chronic illnesses, such as ADD/ADHD, Asthma, Allergy and Mental Health. The turnaround time for processing all prescription refills is 2-3 business days.

Please also utilize the portal for the completion of medical forms for your child. The turnaround time for the completion of forms (listed below) is 3-5 business days.

- FMLA
- Daycare Form
- Camp Forms
- Asthma Action Plans
- Medication Forms
- Sports Physical Forms

Should you need your form sooner than 3-5 business days, you may expedite your request for an additional fee. Certain forms may not be eligible for expedited processing.

## REFERRALS

Our office has a dedicated referral team to assist our established families with their referral needs. Families are encouraged to utilize the patient portal for referral requests for inquiries for their child. Portal requests for referrals are always processed in a non-urgent manner. Typical turnaround time for a referral request is 2-4 business days.

Should you have an urgent referral or a referral issue needing immediate attention, you may call our referral department directly at (210) 614-8687 ext. 2507.

## IMMUNIZATION POLICY

Southwest Children's Center, P.A. follows the immunization guidelines recommended by the American Academy of Pediatrics. As healthcare professionals, we strongly believe that all children should follow the vaccination schedule and that not adhering to this schedule can put your children and others at risk for preventable serious illnesses or death.

## E-PRESCRIBING

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5282 Medical Drive, Suite 310  
San Antonio, Texas 78229

Tel: 210-614-8687 | Fax: 210-614-7529

Page | 10

**SATELLITE LOCATION:**  
7903 Calle Rialto  
San Antonio, Texas 78257



Our office utilizes electronic prescription prescribing (e-prescribing) which electronically transmits your child's prescriptions to the pharmacy of your choice. E-Prescribing minimizes errors, increases efficiency and reduces lost prescriptions. Make sure to provide the correct pharmacy information during your child's visit.

## PATIENTS OVER THE AGE OF 18

Once patients reach the legal age of 18, he/she becomes legally authorized to make his/her own medical decisions. An authorization form must be signed by them giving Southwest Children's Center legal authority to release medical information to the parent/legal guardian.

## REQUESTING RECORDS

Should you need any part of your child's medical records released, you will need to complete the "Authorization to Disclose PHI" Form, available on the patient portal and on our website. This form must be completed in its entirety in order to be processed. Fees may apply for the request of medical records. Please allow up to 15 days for the processing of your child's medical records request. Should you need your child's medical records sooner, you may expedite your request for an additional fee.

## E-NEWSLETTER AND EMAILS

Occasionally our office will send out e-newsletters and important e-mails notifying of upcoming events, such as weekend influenza clinics, or arrival of the influenza vaccine at our clinic. Be sure to opt-in for the e-newsletter and important email alerts on your new patient packet to stay up to date.

## TEXT MESSAGE

Southwest Children's Center utilizes text messaging for appointment reminders, billing notifications, collection alerts, portal, notifications, and general office notices. If you opt out of receiving text notifications, you opt out of all text messages from Southwest Children's Center. It is extremely important that you consider NOT OPTING OUT of receiving these notifications as this will compromise our ability to reach you.

## EAR PIERCING

Ear piercings are available for children aged 3 months and up. Patients must be up to date with their vaccinations prior to piercing. Southwest Children's Center, P.A. utilizes the Blomdahl® Medical Ear-Piercing System, a system only available to physicians, which offers sterile equipment and nickel-free, hypoallergenic earrings to minimize the health risks associated with ear piercing. All ear piercings are performed by physicians within the office.

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## CONCERNS/COMPLAINTS/FEEDBACK

We take your feedback seriously and appreciate every opportunity to improve the service we provide. We need to hear from you if there ever is a time we do not meet your expectations. Our goal is to make your experience in our office a great one, so if we fall short, please let us know.

We've streamlined the way to communicate all feedback to our office. Visit our website, where you will find the "Concerns, Compliments and Complaints" button on the home page. This is monitored daily. Please utilize the appropriate section to describe any concern, compliment or complaint you may have in detail. Our management team will review, address and respond to your feedback within 5 business days, if necessary.

\*Note: Our policies and procedures are subject to change at any time.

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Page | 12

**SATELLITE LOCATION:**  
7903 Calle Rialto  
San Antonio, Texas 78257



## NEW BABIES

### INSURANCE

Parents of newborns, your new baby will need to be added to your insurance policy **before they are 30 days old**. Insurance companies typically give a 30-day period to make changes or additions to your policies for qualifying events, such as the birth of a child. Once the qualifying event period (usually 30 days for the birth of a child) has ended, your insurance may deny pay for any claims for your child beyond the 30 days.

### NEWBORN SCREEN (PKU TEST)

Your new baby will need to have the 2<sup>nd</sup> newborn screen (PKU test) performed on or after seven days of age. A laboratory order from your physician is required.

To prepare for your baby's screening, please bring the following:

- Identification card
- Insurance card
- Physician's order

#### Kids Express

Located on Sublevel 2 of Methodist Hospital

(next to Adult Surgery and Radiology Registration)

Address: 7700 Floyd Curl Drive

Phone: 210-575-7101

Option 1 to schedule your appointment

Hours: Monday – Friday 7:00AM to 7:30PM

Saturday 9:00AM to 12:30PM

Closed Sunday



By appointment only.

*Note: Patients must register 30 minutes prior to closing.*

**For direct access, please park in Garage 1 & take the elevator to Sublevel 2.**

**Valet parking is available at the Methodist Hospital Main Entrance.**

**PRIMARY (and mailing)**  
5282 Medical Drive, Suite 310  
San Antonio, Texas 78229

Tel: 210-614-8687 | Fax: 210-614-7529

Page | 13

**SATELLITE LOCATION:**  
7903 Calle Rialto  
San Antonio, Texas 78257



## PREVENTATIVE CARE CONSENT

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A normal, routine physical examination will only include Preventative care. For further explanation, please contact your insurance company directly. The Affordable Care Act initiated that insurance plans cover the Preventative visits at 100%. It is important to understand that during your preventative care visit, the physician will be following all guidelines set forth by the American Academy of Pediatrics for the age of your child. The Affordable Care Act does not govern the components of the preventative visit, and depending upon your individual plan benefits, your insurance company may process one or more components to your deductible or as an out-of-pocket expense (e.g. vision screening, fluoride varnish, health risk surveys) which are required by our medical governing bodies.

If there are any abnormal symptoms, diagnoses, medication refills or other examination due to acute illness, the physician is required to document these items in your child's medical chart with additional codes that may result in an Office Visit charge in addition to your Preventative exam. In these cases, the insurance may require you to pay the contracted co-pay, deductible, co-insurance or additional funds based upon the specifics of your individual plan benefits.

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## POLICY FOR DIVORCED OR SEPARATED PARENTS

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Our focus is on your child's medical, emotional, psychological and physiological health. We are not party to nor wish to be involved in any legal issues involving divorce, separation, or custody agreements.

- The Physicians, nurses, medical assistants, office and billing staff will not be put in the middle of domestic issues or disagreements over the phone or in the office.
- Please make decisions regarding appointments, vaccinating and/or any office procedures PRIOR to visiting our practice.
- Only in situations where there is a confirmed, documented **Court Order** will one of the parents be denied access to the minor child's health records or visits at the office. Southwest Children's Center must have a copy of this Court Order on file in the minor child's electronic medical record.
- If there is NOT a court order on file with our office, either parent or legal guardian can sign a "Minor Authorization" form and authorize any named individuals to bring your child to our practice, be present during the visit and consent to treatment during that visit. We will not be involved in any disputes regarding named individuals on the consent forms unless instructed by the court. Either parent or legal guardian can schedule an appointment for their child, be present for the visit, and/or obtain a copy of the visit summary.
- It is the responsibility of both parents to communicate with each other about the patient's care, office visit dates and any other pertinent information relevant to the patient. It is not the responsibility of the provider to communicate visit information to each custodial parent separately. Our providers will not call the non-attending parent following visits.
- Additionally, we will not call the other parent for consent regarding appointments scheduled, restrict either parent's involvement in the patient's care unless authorized by law, or tolerate appointment scheduling/canceling patterns of behavior between parents.
- Furthermore, payments, including copays, deductibles, coinsurance or any additional fees charged by your insurance are due at the time of service regardless of which parent is responsible for medical expenses. We are **not** a party to your divorce agreement. We will collect payment from the parent who brings the child to their visit. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent. Any disputes about payment that end up in the collection process, will be due at the next time of service or the patient will not be seen and could be dismissed from Southwest Children's Center.
- If we feel any of the above points are becoming an issue at the office, and/or compromising patient care, we have the right to discharge the family from the practice.

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## CODE OF CONDUCT POLICY FOR PARENTS AND PATIENTS

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In an effort to provide a safe and healthy environment for staff, visitors, patients, and their families, Southwest Children's Center expects visitors, patients, and accompanying guests or family members to refrain from unacceptable behaviors that are disruptive or pose a threat to the rights or safety of other patients or staff.

\*Adults are expected to supervise children in their care.

The following behaviors are not permitted. This list is inclusive, but not limited to:

- Physical assault or inflicting bodily harm
- Throwing objects
- Climbing on furniture\*
- Coloring on furniture, books, counters or walls
- Making verbal threats to harm another individual or destroy property
- Intentionally damaging equipment or property
- Making menacing or inappropriate gestures
- Inappropriate language (i.e. cursing)
- Attempting to intimidate or harass other individuals (including staff)
- Making harassing, offensive or intimidating statements, or threats of violence through phone calls, letters, voicemail, email or other form of written, verbal or electronic communication
- Racial or cultural slurs or other derogatory remarks associated with but not limited to race, language, gender or sexuality

If you are subjected to any of these behaviors or witness inappropriate behavior, please report to any staff member. Violators are subject to removal from the office and/or discharge from the practice.

**PRIMARY (and mailing)**  
5282 Medical Drive, Suite 310  
San Antonio, Texas 78229

Tel: 210-614-8687 | Fax: 210-614-7529

Page | 16

**SATELLITE LOCATION:**  
7903 Calle Rialto  
San Antonio, Texas 78257



## ROUTINE WELL VISIT & VACCINE SCHEDULE

**0-2 week** Well Baby Check-Up and Vaccines  
Hepatitis B # 1

**2 month** Well Baby Check-Up and Vaccines  
ASQ Developmental Questionnaire  
DTaP/IPV/HIB #1 (Combination Vaccine)  
Rotavirus # 1  
Hepatitis B# 2  
Pneumococcal Conjugate # 1

**4 month** Well Baby Check-Up and Vaccines  
ASQ Developmental Questionnaire  
DTaP / IPV / HIB # 2 (Combination Vaccine)  
Rotavirus # 2  
Pneumococcal Conjugate # 2

**6 month** Well Baby Check-Up and Vaccines  
*\*Must be 6 months of age or older for vaccines.\**  
DTaP / IPV / HIB # 3 (Combination Vaccine)  
Rotavirus # 3  
Pneumococcal Conjugate # 3

**9 month** Well Baby Check-Up and Vaccine  
ASQ Developmental Questionnaire  
Hepatitis B# 3  
Fluoride Varnish

**12 month** Well Baby Check-Up and Vaccines  
*\*Must be on or after the 12-month birthday for vaccines.\**  
ASQ Developmental Questionnaire  
MMR # 1  
Varicella # 1  
Pneumococcal Conjugate # 4  
Hepatitis A # 1  
TB Questionnaire (PPD if needed)  
CBC  
Fluoride Varnish

**15 month** Well Baby Check-Up and Vaccines  
DTaP / IPV / HIB # 4 (Combination Vaccine)  
TB Questionnaire (PPD if needed)  
Fluoride Varnish

**18 month** Well Baby Check-Up and Vaccines  
ASQ & MCHAT Developmental Questionnaires  
Hepatitis A # 2  
TB Questionnaire (PPD if needed)  
Fluoride Varnish

**24 month** Well Child Check-Up  
ASQ & MCHAT Developmental Questionnaires  
TB Questionnaire (PPD if needed)  
Catch up any missed vaccines

**30 month** Well Child Check-Up

ASQ & MCHAT Developmental Questionnaires  
TB Questionnaire (PPD if needed)  
Catch up any missed vaccines  
Fluoride Varnish

**3 year** Well Child Check-Up

Blood Pressure / Heart Rate  
Vision Screen  
Catch up any missed vaccines

**4 year** Annual Well Child Check-Up & Vaccines  
*\*Must be on or after the 4-year birthday for vaccines.\**

DTaP # 5  
IPV # 5  
MMR / Varicella # 2 (Combination Vaccine)  
Vision / Hearing Screen  
Blood Pressure / Heart Rate

**5-10 years** Annual Well Child Check-Up

Vision / Hearing Screen  
Blood Pressure / Heart Rate

**11-12 years** Annual Well Child Check-Up & Vaccines

Tdap  
Meningococcal Vaccine (#1)  
Human Papillomavirus Vaccine (Gardasil) series  
Vision / Hearing Screen  
Blood Pressure / Heart Rate  
PHQ-9 Questionnaire (12 years only)

**13-15 years** Annual Well Child Check-Up

Vision / Hearing Screen  
Blood Pressure / Heart Rate  
Catch up any missed vaccines  
PHQ-9 Questionnaire

**16-18 years** Annual Well Child Check-Up & Vaccines

Meningococcal Vaccine (#2)  
Vision / Hearing Screen  
Blood Pressure / Heart Rate  
PHQ-9 Questionnaire

Influenza vaccine is recommended yearly for all children age 6 months and older (especially individuals with certain risk factors: asthma, diabetes, chronic lung disease, congenital heart disease). Please ask your pediatrician or nurse for more information.

For more information on vaccines, please visit these websites:  
[www.southwestchildrenscenter.com](http://www.southwestchildrenscenter.com)  
[www.aap.org](http://www.aap.org)



## FORM FEES

Allergy Form	\$10.00
Asthma Action Plan/ Medication Form	\$10.00
Billing Ledgers/ Duplicate receipts	\$5.00
Physician Letter	\$15.00
FMLA Paperwork*	\$25.00 per set of forms
Generic physical form (copy)	\$10.00
Immunization Record (free on patient portal)	\$5.00
Handicap Form (if notary required)	\$5.00 \$15.00
Medical Records (to patient) (first 25 pages)	\$25.00
Each additional page	\$.50
Medical Records (to another ofc)	No charge
Misc. Letters/Forms	\$25.00
Narrative	\$100.00
Notary Public Fees (first signature)	\$10.00
Additional signatures	\$1.00
School Medication Forms	\$10.00
Sports Forms/Daycare Forms Sports/Physical//Camp Forms	\$10.00
(Additional form fee with Physical form)	\$5.00
Guardianship or Military Paperwork*	\$25.00 per set of forms

**Additional fee of \$25.00 for all rush forms. (24-hour turnaround time)**  
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Page | 18

**SATELLITE LOCATION:**  
7903 Calle Rialto  
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