

Please confirm your awareness of the following by adding your initials and signature below.

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1. Please initial _____ **Parent/Guardian Requesting Treatment**
It is the policy of this office that the parent/guardian/patient-18-years-old-or-older who requests treatment for the child is responsible for services rendered. Payment is required at each office visit.
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2. Please initial _____ **Services Not Covered by Insurance**
The presenting parent/guardian/patient is financially responsible for all services not covered by insurance, including, but not limited to co-payments, deductibles, and non-coverage of services (such as EPDS forms, Developmental Screening Forms, Wart Removals and Lactation Services).
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3. Please initial _____ **Services Billed by Another Entity**
For services unable to be performed by this office (such as all radiology and some labwork), patients will be sent to another provider (who will bill the patient for services rendered). I will inform Raleigh Children and Adolescents Medicine (RCAM) if I (or my insurance) have a different preference.
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4. Please initial _____ **School, Camp, Daycare or Sports Forms Policy**
A form needed sooner than 5 days will incur a rush fee of \$10 per form. We cannot guarantee any forms that are needed sooner than 24 hours. Payment of rush fee and any overdue balance is due when the forms are dropped off.
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5. Please initial _____ **Timely Vaccination Policy**
RCAM recommends the vaccine schedule as presented by the American Academy of Pediatrics and the Center for Disease Control's Advisory Committee on Immunization Practices (see separate sheet). Following a different schedule could lead to dismissal from our practice unless some specific standards are met.
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6. Please initial _____ **Missed Appointments Policy**
RCAM requires 24 hour notice to cancel an appointment. There is a \$25.00 fee for the 2nd missed appointment. The 3rd missed appointment will result in a fee and possible dismissal from the practice.
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7. Is your child of Native American or Native Alaskan descent?
 Yes No **Some Patients are Eligible for Free Vaccines from the State**
The state of North Carolina provides free vaccines to children of Native American or Native Alaskan descent. Is your child of Native American or Native Alaskan descent?
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8. Please initial _____ **Authorization to Release Medical Information**
I authorize Raleigh Children and Adolescents Medicine, P.C.:
- *To file insurance claims for all services provided to my dependant(s) and I authorize payment for those services to be made directly to the provider.*
 - *To release information about my dependant(s) to any referring physician or other provider or to any institution as necessary to provide treatment or diagnosis for dependant(s).*
 - *To release information about me necessary to process claims for services provided to me, including to health and liability insurance companies; agencies processing Medicaid, or Workers' compensation claims; medical benefit plans, case managers, or reviewers; or third parties responsible for paying claims for services provided to me.*

Please authenticate your responses to each statement above with your signature below.

Signature

Date