

Milestone Pediatrics

Authorizations and Agreements

Authorization for Treatment

I agree to any examination, treatment, and procedure that may be performed during office visits, including emergency treatment, considered necessary by the physician and/or his/her healthcare providers.

Vaccine Policy

We STRICTLY follow the American Board of Pediatrics Guidelines for vaccinations. We do NOT accept any alternate or non- vaccinators. **By signing below you are agreeing to our policy.**

Release of Information

I authorize the facility to release to my insurance carrier or its designated agents any information concerning medical care (physical or psychological) advice, treatment, or supplies provided to me for the purpose of administration, review, investigation, or evaluation. A photo static of this authorization shall be considered as effective and valid as the original. I will notify the facility in writing of any information I do not want released.

Assignment of Insurance Benefits

I authorize the assignment of benefits payable to Milestone Pediatrics and/or its designee for physician services and supplies by government and or any other private third party payer. **I understand I will be held responsible for payment of all co-payments, co-insurance, deductibles, and non-covered services.**

Financial policy

Co-Payments are required to be paid at the time of checking in for your appointment. If you are unable to pay at that time, a **\$25.00** surcharge will be applied to the account if the co-pay is not paid within 3 business days.

Self-Pay Accounts are required to be paid at the time of check-in

Insurance- as a courtesy, our office will bill all insurance companies for the services provided. Upon response from your insurance, you will be sent a statement stating your payment responsibility. Our office requires balances to be paid in full within 30 days of receiving the billing statement. It is your responsibility to notify our office of any insurance or demographic changes. Before making an annual physical appointment, check with your insurance company whether the visit will be covered as a healthy visit. Not all plans cover annual healthy physicals or hearing and vision screenings. It is your responsibility to know your insurance plan benefits. If it is not covered, you will be responsible for payments at the time of visit.

Divorced/Separated & Co-Parenting Parents-The parent/guardian that presents the child for medical services is the financially responsible party. If there is a financial arrangement between individual parental parties, this arrangement is between the two parties and does not absolve the parent that brings the child in for services from their financial obligation to our office. Our office will not be involved with separation or divorce disputes.

I agree to pay any outstanding balance within 30 days after receiving a statement from Milestone Pediatrics notifying me of such balance.

If previous arrangements have not been made with our billing department, any account balance outstanding greater than 30 days will be charged a **\$10.00 re-bill fee**. Any balance over 60 days will be forwarded to a collection agency, additional charges may apply and your family may be dismissed from the practice.

Not all plans cover annual healthy (well) physicals, hearing/vision screenings, developmental questionnaires, and postpartum screens for mom, earwax removal, rapid strep, flu, RSV, mono and stool occult blood testing, vaccinations. If any of these services are not covered, you will be responsible for payment.

Referrals/Preauthorizations

It is your responsibility to understand your benefit plan and know if a written referral or authorization is required to see a specialist, if preauthorization is required prior to a procedure and what services are covered.

Advance notice is needed for all non-emergent referrals, most insurances require 7 to 10 business days. It is your responsibility to know if a selected specialist participates in your plan. Remember, your primary care physician must approve referrals before being issued.

Release of Medical Records

Consent for release of medical records is required to be signed by a parent/legal guardian of the minor or adult patient prior to release of records completion. This includes school, camp, sports, FMLA, disability, etc. We follow Illinois law regarding record copying fees.

Milestone Pediatrics

Office Policies

Red Flag/Identity Theft

Our office strives to prevent the intentional misuse of patients' names, identities, and medical records to report criminal activity relating to identity theft to appropriate authorities. As a result, a copy of your photo ID and insurance card will be collected during the patient registration process. A copy of our office's Identity Theft Policy is available for your review.

Additional Fees

In the event that any lawsuit or action is brought to collect this account or any portion thereof, the patient/guarantor will be responsible for any and all costs not limited to attorney's fees, court costs, collection fees, interest and any additional costs that this action may incur. A \$35.00 fee will be charged for any checks returned for insufficient funds, plus any bank fees required.

Form Completion

We follow Illinois law regarding medical record copying fees. If your child has school, camp, or sports forms to be completed, we have a 3 to 5 day turnaround time for forms. **There is a \$15.00 fee for FMLA or disability form completion.**

Missed Appointments

We request **24 hour notice** for canceling any appointments. If 3 or more appointments are missed or canceled on the same day, you may be dismissed from the practice. **You may incur a \$50 charge for each missed or same day canceled appointment.**

Late Policy

Our office policy is to see our patients at their scheduled time. Sometimes, unforeseen situations occur that make our providers run behind schedule. We will always try to keep you informed if we are running late. In order to stay on time, we need our patients to be on time. If you are running late, please call our office and make us aware, we may ask that you reschedule your appointment in order to serve all of our patients.

Notice of Private Practices

The Department of Health and Human Services has established a "Privacy Rule" to help ensure that personal healthcare information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patient's consent for uses and disclosures of health information about the patient to carry out treatment, payment, or health care operations. As our patient, we want you to know that we respect your personal medical records and will do all we can to secure and protect that privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information and information about treatment, payment, or health care operations, in order to provide health care that is in your best interest.

We also want you to know that we support your full access to your personal medical records. We may have indirect treatment relationships with you (such as laboratories that only interact with physicians and not patients), and may have to disclose personal health information for purposes of treatment, payment, or health care operation. These entities are most often not required to obtain patient consent. You may refuse to consent to the use of disclosure of your personal health information, but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your Personal Health Information (PHI). If you choose to give consent in this document, at some future time you may request to refuse all or part of your PHI. You may not revoke actions that have already been taken which relied on this or previously signed consent. If you have any objections to this form, please ask to speak with our Practice Manager.. You have the right to review our privacy notice, to request restrictions, and revoke consent in writing after you have reviewed our privacy notice.

Patient Name _____ Date of Birth: _____

Signature of Parent/Guarantor _____ Date: _____

Print Name of Parent/Guarantor _____

4/9/25

Change to Financial Policy

Dear Valued Patient,

Milestone Pediatrics

We strive to provide timely care to all of our patients. When appointments are missed or cancelled at the last minute, it limits our ability to accommodate others in need of care.

Effective May 1, 2025, our no-show and late cancellation fees will be increasing. The updated fees are as follows:

- Missed Appointments (No-Show): \$50.00
- Late Cancellations or Same Day Cancellations (Less than 24 hours' notice): \$50.00

These fees apply to all scheduled appointments and are not billable to insurance. They will be charged directly to the patient.

If you are unable to attend your scheduled appointment, please notify our office at least 24 hours in advance to avoid a fee.

Thank you for your understanding and continued trust in our care.

Sincerely,

Milestone Pediatrics