PATIENT RESPONSIBILITY POLICIES

CELL PHONES/VIDEO

So that we may serve you better we request you shut off your cell phone while in the office. Videography or photography during a visit or while in the office is not acceptable unless prior approval is obtained from the physician or manager.

CHAPERONE POLICY

A chaperone may be available to all patients 10 -18+ years of age. Please notify a member of our staff when you are brought in to the exam room and a chaperone will be provided during your exam if desired. Any young adult patient 13 and above may request privacy to discuss any concerns or issues without a parent present.

CONSENT FOR MEDICAL TREATMENT

It is the responsibility of the parent/guardian to be present for all well exams under the age of 18. If you are unable to make your child's visit you must designate preferrably in writing who will be attending the child's physical exam. This individual should have the appropriate consents for treatment and/or vaccines. Patients over the age of 18 may come to their appointments without a parent or guardian.

"JOINT CUSTODY" PARENTS LIVING SEPARATELY

Each parent has equal access to the child's medical record. Without a court order, we will not stop either parent from looking at their child's chart or obtaining any test results. We will not call the other parent for consent prior to treatment. We will discuss with the accompanying parent information pertinent to the child's history and/or present exam. The parent not in attendance should obtain all information regarding the appointment from the attending parent. If possible, please refrain from calling us after the visit to inquire about what was already discussed with the other parent. Should the issues that come between parents become disruptive to our practice we will discharge the patient from further treatment.

RESPECT

At Pediatric Associates we are committed to providing your child the best possible medical care and this includes treating you and your child with respect, kindness and dignity at all times. We are also committed to providing a safe and supportive working environment for our staff. We fully recognize that under stressful circumstances tempers can flare. However, we will not tolerate any physician /staff being subjected to rude or inappropriate language or behavior. The physicians of Pediatric Associates **WILL** respectfully terminate the patient/physician relationship with appropriate notice if this happens.

SOCIAL MEDIA

Pediatric Associates reserves the right to discharge any patient/family from the practice for making untrue or derogatory slanderous remarks about the physicians or members of our staff on social media. In addition, this does not exclude potential legal action.

TERMINATION

We have the right to terminate a relationship with any patient/parent who is threatening or verbally abusive with any of our providers or staff, who repeatedly fails to follow our medical advice, who has three or more no shows, or who does not pay for any services rendered.

TRANSFERS

Patients transferring into our practice should provide all necessary previous medical records prior to their first visit at Pediatric Associates. All patients who transfer out of the practice should sign a record release so we can forward their medical records to their new physician. They must also notify their health insurer of their new PCP. At the age of 19 and above patients are encouraged to begin transitioning to a new adult physician at the latest by age 21. Patients who wish to transfer within the practice to another PCP must seek approval for the transfer by notifying our Clinical Manager.

VACCINATIONS

Our practice is pro vaccines. This means the physicians at Pediatric Associates recognize the effectiveness and general safety of our current vaccines. Patients, Parents and Guardians have the right to refuse vaccines: Unfortunately, refusal of vaccines put not only the patient but, our other patients and society itself at risk and may be grounds for discharge from the practice. Also, all vaccine refusals will be documented and parents/guardians may be requested to signed informed refusal forms. SEE FULL VACCINES POLICY STATEMENT ON OUR WEBSITE OR DISPLAYED AT OUR FRONT DESK. If you wish ask a member of our staff and a copy will be provided.

Initials: _____

ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE: Financial Policies

Payment is required at the time services are rendered unless other arrangements are made in advance. This includes applicable co-insurances and co-payments for participating companies. Co-payments must be paid at the time of service regardless who brings the child in the office. In the case (such as divorce) where the custodial parent is not the insurance holder the person accompanying the child is responsible to pay co-payments at the time of service. Our office will not bill for co-pays. Pediatric Associates accepts cash, personal check, VISA, MasterCard or Discover. There is a service charge for all returned checks. We offer a discount for payment in full at the time of service.

Patients with an outstanding balance of 60 days past due must make arrangements with the billing office prior to scheduling well appointments. School, camp or sports forms will not be provided for patients with accounts 60 days or more overdue unless arrangements for payment have been made with the billing office. Accounts over 90 days overdue will be considered seriously delinquent and referred to our Collection Agency. We realize that people have financial difficulties, please call the office to make special arrangements. Failure to provide payment for services rendered may result in discharge from the practice.

CO-PAYS FOR WELL VISITS

You may have a co-pay for your well visit. This may happen if significant problems/issues are addressed or procedures are done for a separate diagnosis during your exam. Your insurance company mandates that we charge any co-pay/deductible they determine is patient responsibility. We apologize for any inconvenience this may cause.

INSURANCE

Your insurance card must be presented at every visit. It is your responsibility to notify the office of any insurance change. It is essential that you enroll newborn infants with your insurance carrier within 30 days of the date of birth. Unless you do this the child has no insurance coverage under your policy. If you fail to do this within 30 days following birth you will be billed for the services we have provided. You are ultimately responsible for all charges. **If you need assistance or have questions, please contact our Billing Office between 8:30am-5pm Monday-Friday at 508-324-6800 Option 4.**

RESPONSIBILITY FOR MEDICAL CARE

Every minor child, under the age of 18 must be accompanied by a parent/legal guardian or by an adult who has obtained written consent for treatment from the parent/legal guardian. An exception is an adolescent presenting for confidential services which we are permitted by state law to provide without consent of the parent.

REFERRALS

Our staff will assist in scheduling an appointment for your child if a referral is required and it has been approved by your physician. It is however, the responsibility of the parent to either keep or cancel/modify the appointment that has been scheduled for them. If you are enrolled in a managed care insurance plan (HMO) that requires a referral, you must receive that referral from our office before seeing a specialist. This must be done in advance with the referral coordinator and you must allow 5 business days to process your referral. Our referral Coordinator can be reached Monday- Friday 9 AM - 5 PM at (508) 324-6800 X390. Please have the necessary information available when calling (i.e. child's name, dated of birth, phone number, insurance, specialist's name and phone number and why you need the referral).

NO SHOWS / LATE CANCELLATIONS

Missed appointments are a cost to us, to you and to other patients who could have used the time set aside for your child. Cancellations are requested 24 hours in advance. We reserve the right to charge for missed appointments or late cancelled appointments. Our staff will attempt to call to remind you of the appointment, however the responsibility to keep the appointment is yours. You may be asked to confirm your appointment 2 days in advance. Because Saturday physical appointments are such a premium if they are missed you may not be able to schedule another physical for a Saturday. Missed appointments may result in discharge from the practice.

SCHOOL/ CAMP SPORTS FORMS

One school/camp/sports form will be provided to you after your child's yearly exam. Keep the originals for your records. If you require the office to provide an additional health form before your next yearly exam, there will be an administrative fee of $5 to be paid at the time of pick-up. You also give permission for us to provide the school nurse with a record of my child's immunizations if requested.

I have read and understand **PEDIATRIC ASSOCIATES OF FALL RIVER PATIENT RESPONSIBILITY AND FINANCIAL POLICIES**.
I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I will also be responsible for the fee charged by the Collection Agency for costs of collections. I certify that the insurance information I have given is correct. I authorize release of any medical information necessary to process a claim. I authorize payment made directly to **PEDIATRIC ASSOCIATES OF FALL RIVER, INC.**

SIGNATURE: _____ DATE: _____
Patient/ Parent/ Guardian

CHILD'/CHILDREN'S NAME: _____ DOB: _____