

Rivertown Pediatrics

Patient Policies, Financial Policy & Consent to Treat

At Rivertown Pediatrics, we are honored to care for your child and your family. Our goal is to provide high-quality, compassionate medical care in a welcoming environment. The following information is shared to help set clear expectations and avoid misunderstandings.

Consent to Treat

Rivertown Pediatrics follows the guidelines of the **American Academy of Pediatrics (AAP)** when recommending care and treatment for your child.

By signing below, you authorize any physician or clinical staff member of Rivertown Pediatrics to provide medical treatment for your child/children. This may include, but is not limited to: - Office visits and medical evaluations - Injections and immunizations - Anesthesia and procedures - Referrals to specialists - Hospitalizations and emergency treatment.

Immunizations

Immunizations are administered according to AAP recommendations. If you have questions or concerns about vaccines, we encourage you to discuss them with your child's physician so we can partner with you in making informed decisions.

Financial Policy

As a courtesy to our families, Rivertown Pediatrics will file insurance claims on your behalf. Please note that the parent or guardian is ultimately responsible for all charges incurred for their child's care. Payment is due at the time of service and may be made by cash, check, credit card, mobile pay Care Credit.

Insurance Participation and Patient Responsibilities

1. Participating Insurance Plans

Our office participates with many insurance plans. It is your responsibility to:

- Bring your current insurance card and a photo ID to every visit
- Pay all required co-payments and/or deductibles at the time of service
- Pay in full for services not covered by your insurance plan

2. Non-Participating or No Insurance

If your child is uninsured or covered by a plan with which we do not participate, payment in full is expected at the time of the visit.

3. **Primary Care Provider (PCP) Selection**

Some insurance plans require you to select a Primary Care Provider (PCP). Please choose a physician within Rivertown Pediatrics. If another physician is listed on your insurance card, payment will be required at the time of service until the PCP is updated.

4. **Secondary Insurance**

Rivertown Pediatrics does not file secondary insurance. You may request a copy of the claim to submit to your secondary insurer.

5. **Coverage Limitations**

Not all services are covered by every insurance plan. You are responsible for charges not covered by your plan.

6. **Insurance Questions**

We are happy to help with general questions. For detailed coverage information, please contact your insurance company's member services department using the phone number on your insurance card.

7. **Outstanding Balances**

Failure to meet financial obligations may result in dismissal from the practice. Unpaid balances may be forwarded to an outside collection agency.

8. **Identification and Registration Updates**

To protect your child's medical records, prior to each visit you will receive a pre-check link allowing you to review, confirm/change information and sign an updated Registration Form. Insurance cards and Photo IDs can be uploaded to your child's chart thru the link.

9. **Divorce or Separation**

The legal guardian accompanying the child is responsible for payment at the time of service. If legal documentation shows another party is financially responsible and billing information is provided, we will attempt to bill that party. If payment is not received, the balance will remain the responsibility of the legal guardian.

Late Arrival and No-Show Policy

At Rivertown Pediatrics, we are committed to providing timely, high-quality care to every child we serve. We kindly ask that families arrive on time and make every effort to keep scheduled appointments. When appointments are missed or significantly delayed, it limits our ability to offer that time to another child who may be waiting to be seen.

If you arrive late, we will always do our best to accommodate you; however, depending on the schedule that day, we may need to adjust or reschedule your visit to ensure your patient receives the attention they deserve.

To help you avoid a missed appointment fee, we kindly ask that appointments be canceled at least 24 hours in advance whenever possible. We understand that emergencies and unexpected illnesses occur, and we are always happy to work with families in those situations. For your convenience, appointments can be canceled directly through your Phreesia appointment reminder or by sending us a message through our secure patient portal.

Please note that if a new patient misses their initial appointment without notice, we are unable to reschedule a future visit with our practice. This ensures we can provide timely care to all families.

Acknowledgment and Consent

By signing below, I acknowledge that I have read, understand, and agree to the policies and consent to treatment outlined above.

Child's Name: _____ **Date of Birth:** _____

Child's Name: _____ **Date of Birth:** _____

Child's Name: _____ **Date of Birth:** _____

Child's Name: _____ **Date of Birth:** _____

Parent/Guardian Signature: _____ **Date:** _____