WOODHAVEN PEDIATRICS

21700 Allen Rd
Woodhaven, MI. 48183

Office and Financial Policy Agreement

At Woodhaven Pediatrics, our number one goal is to provide the best medical care for your child(ren). A key part of that care is building and maintaining a strong, respectful provider-patient relationship. To help ensure clear communication and smooth operations, we ask that you carefully review the following Office and Financial Policies. Understanding these policies helps us continue to offer timely, high-quality care to all of our families. All patients or their legal guardians must complete and sign this Office and Financial Policy form prior to being seen by a healthcare provider. Please read each section carefully and sign where indicated. If you have any questions, please don't hesitate to ask a member of our team.

Financial / Insurance Billing Policy

You are financially responsible for your child's healthcare costs. As a courtesy, we assist with filing insurance claims to help you receive the maximum benefits allowed by your plan. We allow 60 days from the date of service for your insurance company to process and pay their portion of the bill. After that, you will have 30 additional days to pay any remaining balance. If a balance remains unpaid after 90 days, your account may be turned over to a collections agency.

Copayments are due at the time of service and are a contractual obligation between you and your insurance provider. Woodhaven Pediatrics cannot waive or alter copayment requirements. We accept cash, checks, MasterCard, and Visa. No post-dated checks will be accepted and a $25.00 fee will be charged for any returned checks. If someone other than a parent or legal guardian brings your child to their appointment, please ensure they are prepared to make all required payments at the time of service.

If you wish to discuss a separate health concern during your child's routine Well Child Exam, your provider may ask you to schedule a follow-up visit. This ensures adequate time and attention for both preventive and problem-focused care. Follow-up visits are considered separate appointments and will be billed accordingly based on your insurance plan's coverage.

Insurance Coverage

We accept many major insurance plans. It is your responsibility to confirm that we are in-network with your specific plan. Please bring your current insurance card to every visit. Notify us immediately of any insurance changes or no later than 24 hours prior to any scheduled appointments. Failure to provide accurate insurance information may result in denied claims and full patient responsibility for charges.

Missed Appointment & Cancellation Policy

Our goal is to accommodate all of our patients' healthcare needs and schedules. To help us do so, we maintain a 24-hour cancellation policy to ensure all appointment times can be used effectively. If you fail to cancel or do not show for an appointment, a $25.00 fee will be applied to your account and must be paid prior to rescheduling. If sibling appointments are missed or not canceled within 24 hours, future sibling visits will no longer be scheduled together, and individual appointments will be required. After three missed appointments without proper notice, you may be asked to transfer care to another practice.

Late Arrival Policy

If you arrive 10 or more minutes late for your appointment, it will be at the provider's discretion whether you can still be seen or if the appointment will need to be rescheduled. Patients who arrive on time will be given priority. Late arrivals may be seen only if time permits, in order to avoid delays for other scheduled patients.

Annual Well Child Exam Policy

To remain compliant with both our office policy and your insurance requirements, your child must be seen annually for a Well Child Exam. These visits are essential for monitoring growth, development, and overall health, and help ensure your child remains up to date with recommended screenings and immunizations.

Please make sure to schedule your child's yearly physical to maintain continuity of care and insurance compliance.

After-Hours & Holiday Visit Charges

In accordance with national billing guidelines, a $30.00 fee will be applied for visits that take place on Saturdays, after 5:00 PM on weekdays, and on Federal holidays. This charge may or may not be covered by your insurance plan. If not covered, it becomes your responsibility.

Medical Records & Forms Policy

No fees will be charged for medical record requests received from another healthcare provider when the purpose is continuity of care. For all other record release requests, fees are charged in accordance with the State of Michigan Department of Health and Human Services 2025 Medical Records Access Act: $31.54 initial fee which includes $1.58 per page for the first 1–20 pages, $0.79 per page for pages 21–50, and $0.32 per page for pages 51+. School physical forms will be signed at no cost if your child's Well Exam is current. There is a $25 fee for all other forms.

Health Information Exchange (HIE) Policy

At Woodhaven Pediatrics, we support the secure electronic exchange of health information as a way to enhance the quality, safety, and coordination of your child's care. We participate in Great Lakes Health Connect (GLHC), the Michigan Care Improvement Registry (MCIR), as well as various insurance, pharmacy, and laboratory clearinghouses.

By using these Health Information Exchange (HIE) networks, we are able to efficiently and securely share medical information with other healthcare providers who also participate in these systems. This allows for better communication, helps reduce duplication, prevents medical errors, and ensures a more seamless healthcare experience—especially during referrals, emergencies, or transitions of care.

Immunization Policy Acknowledgment

I acknowledge and agree that I am aware of Woodhaven Pediatrics' immunization policy, which requires that all patients follow the American Academy of Pediatrics & the State of Michigan's recommended immunization schedule. If at any time I choose to place my child on an alternate or delayed vaccination schedule, I understand that I will be asked to transfer care to a provider who supports alternate vaccine schedules. This policy is in place to protect the health and safety of all patients in our practice.

I have read, fully understand, and agree to all the terms set forth in the above Office and Financial Policies of Woodhaven Pediatrics.

Parent/Guardian Name (Print): _____

Signature: _____ **Date:** _____

Patient Name(s): _____