

Beyond Care Pediatrics – Appointment Policies

We understand that conflicts may arise that prevent families from attending scheduled appointments. However, missed appointments limit our ability to provide care to other patients who may need medical attention.

To provide the best care for all of our patients, we ask families to review and follow the policies below.

Cancellation Policy

There is no penalty for cancelling scheduled appointments in advance. We understand that unexpected situations occur and will gladly help you reschedule your child's appointment.

We kindly ask that you notify our office at least 24 hours in advance if you need to cancel or reschedule an appointment.

Appointments cancelled less than 30 minutes before the scheduled appointment time, or after the appointment time has passed, will be considered a no-show.

Initial here: _____

No-Show Policy

A no-show is defined as:

- Missing a scheduled appointment without notifying the clinic, or
- Cancelling or rescheduling less than 30 minutes before the scheduled appointment time

If a new patient misses their first scheduled appointment, they may not be eligible to reschedule.

If multiple siblings are scheduled together and the appointment is missed, we may not be able to schedule siblings together again in the future.

Patients who miss appointments may be notified by letter, phone call, or electronic message.

Repeated missed appointments may result in dismissal from the practice.

Initial here: _____

Late Arrival Policy

Patients who arrive more than 15 minutes late for a scheduled appointment may be asked to reschedule.

This policy allows us to stay on schedule and provide timely care for all patients.

Initial here: _____

Routine Checkups / Established Patient Status

If your child has not been seen in our clinic within the past three years, they may need to re-establish care as a new patient and may be subject to new patient scheduling policies.

To maintain established patient status and to access services such as our nurse triage line, we recommend following the routine checkup schedule advised by your provider.

Initial here: _____

Acknowledgment

I acknowledge that I have read and understand the policies listed above.

Patient Name: _____ DOB: _____

Signature: _____ Date: _____

Beyond Care Pediatrics

16945 Frances St Ste 200 B

Omaha, NE 68130

Phone: (402)991-5690

Medical Records Fax: (800)557-1226

Bernard Douglas, MD

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient Name: _____ Date of Birth: _____

Address: _____

City, State, Zip _____

Home Phone#: _____ Cell/Home

Other Phone#: _____ Cell/Home

I authorize the release of my medical records from the Physician/Medical office(s) list below:

I also give consent to the staff Beyond Care Pediatrics/Bernard W. Douglas, MD to view and/or print my personal health information from the CHI Health EPIC System and Methodist Health Cerner System and CyncHealth Systems. Initial Here: _____

NO CD'S ACCEPTED- PAPER COPIES ONLY PLEASE

I understand the above named individual's health information may include information relating to sexually transmitted diseases, genetics, sexual activity including contraceptive methods, acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV) where applicable. It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse in accordance to 42 CFR Part 2

Patient/Guardian Signature _____ Date: _____

**This Authorization is Valid for 365 days from date of signing.

Beyond Care Pediatrics

Beyond Care Pediatrics
16945 Frances St Ste 200 B
Omaha, NE 68130
P: (402)991-5690
Fax: (531)600-6282
Bernard Douglas, MD

Patient Name: _____ Date of Birth: _____

Consent to Obtain Patient Medication History

Patient medication history is a list of prescriptions that healthcare providers have prescribed for you. A variety of sources, including pharmacies and health insurers, contribute to the collection of this history.

The collected information is stored in the practice electronic medical record system and becomes part of your personal medical record. Medication history is very important in helping providers treat your symptoms and/or illness properly and avoid potentially dangerous drug interactions.

It is very important that you and your provider discuss all your medications in order to ensure that your recorded medication history is 100% accurate. Some pharmacies do not make prescription history information available, and your medication history might not include drugs purchased without using your health insurance.

Also over-the-counter drugs, supplements, or herbal remedies that you take on your own may not be included.

I give my permission to allow my healthcare provider to obtain my medication history from my pharmacy, my health plans, and my other healthcare providers.

Signature or Patient or Legal Guardian

Date

Patient or Guardian name printed legibly:

By signing this consent form you are giving your healthcare provider permission to collect and share your pharmacy and your health insurer information about your prescriptions that have been filled at any pharmacy or covered by any health insurance plan. This includes prescription medicines to treat AIDS/HIV and medicines used to treat mental health issues such as depression