

OFFICE POLICY, FINANCIAL POLICY, HIPPA & TREATMENT CONSENT

1) Parent / Guardian's First Name Last Name Relation to Patient

Patients'/ Children's Name Date of Birth

THANK YOU for your trust in choosing us to serve your child's health care needs. Please accept our warm welcome to our practice. We hope to have happy and long relationship with you and your child. The following information outlines our office policy. At DR.MINIYAR'S PEDIATRICS, P.C. we are dedicated to provide world class care to your child.. As we enter this doctor-patient (parent) relationship, we agree to provide quality pediatric service and you in turn, agree it is your obligation to adhere to our office and financial policy. This helps us to maintain quality of care, contain medical costs for your children and provide a smooth flow of medical care. We want to explain our office and financial policy to you so there are no surprises.

1) Appointments:

Making appointment: We see patient by appointments only. Please call to make an appointment before coming to office. We do not encourage walk in office visits. Walk in aren't fair to families who called ahead and made appointment. Walk in office visits prolong waiting time, disturb our provider's schedule and interfere with smooth functioning of our office. This in turn interferes with quality of care which is very important to us.

When you call to make your appointment, be sure to let our receptionist know the nature of your visit (physical exam, ADHD, Asthma, etc.) **Also, please let us know if you want more than one child checked. Each child needs his/ her own appointment.** If we try to squeeze multiple children into a single time slot, it results in making our other patients wait while we finish.

Please call as early as possible for a same day appointment (before 3:30 PM). We offer appointment slots on a first come, first served basis. We try our best to give all our appointments (for acute sick visit, well checks, and ongoing medical problems) as early as possible. If you have life threatening medical emergency, please do not call our office, please call 911.

Well Appointments:

Summer is best time to get physical exam done. We prefer to do physical exam for these children from April through September. We can give well check appointments three months in advance. We ask that you try and schedule Annual/Well Appointments as soon as possible. Well check appointment slots get booked very fast. So do not wait till last moment. **Please know to if you need refills on ADHD medications, you must be up to date on well check and every three months ADHD visit.**

If there is an outstanding balance, you may be asked to make a payment before you are seen or given an appointment.

Parent's / Guardian's Signature

Date

Our "on-time" and "late" policy

We understand that even the most organized mom or dad can run late sometimes. If that's the case, call us before your appointment time. We can reschedule your appointment for a time that's better for you. If you are late for the appointment but don't call us, we will probably give your time away to another patient.

1. Patients arriving early, on time, or up to 10 minutes late will be seen in the order they were scheduled.
2. **Sick patients arriving more than 10 minutes late may be asked to reschedule.**
3. "Well" patients (physicals, rechecks, etc.) may be asked to reschedule.
4. Any patient who walks ins, may be asked to reschedule.

Charge for missed appointment:

Our policy is to charge \$ 50.00 for missed appointments, unless cancellation notice is given 24 hours in advance. Please help us to serve you better by keeping your appointment. Please be aware that this fee is not covered by insurance companies. You will be responsible for the payment.

If you miss more than two appointments, you may be terminated from the practice without any additional warning.

2) Phone Calls for Sickness or health questions policy:

We are committed to helping you walk through simple problems over the phone. During the day, we can help you determine if your child needs to be seen in the office or just needs some TLC at home. **We never prescribe prescription medications for acute problems or initiate treatment over the phone. No exceptions.**

We check and return phone calls twice: 12:30 pm and 4:00 pm. If you cannot wait till this time; please make an appointment. We try to return calls on the same day, but there is no guarantee. If you do not hear back from us soon enough, please call again or call and make an appointment to take care of your medical needs.

3) Prescription refill calls:

When calling for a prescription refill for chronic daily medicines like ADHD or Asthma, please have ready the name of the medication, dose, and dosing instructions, as well as your preferred pharmacy. Please allow 72 hours for prescription refills -- plan ahead so you don't run out of important medicines. We cannot refill medications we did not prescribe, or medications for patients we have never seen or haven't seen in the past year. **We never prescribe prescription medications for acute problems or initiate treatment over the phone. No exceptions. Please know to if you need refills on ADHD medications, you must be up to date on well check and every three months ADHD visit.**

4) Paperwork request calls:

When calling for paperwork (shot records, physical forms, etc), please have ready the address or fax number to which you would like the records sent. Please allow three working days for paperwork requests to be completed. In some cases, your paperwork cannot be sent unless you sign and file a written consent with us (we'll let you know if this is the case.) Also refer to our financial policy to check if you have to pay form fee for certain type of forms.

Parent's/ Guardian's Signature

Date

5) Termination:

We reserve the right to terminate the physician-patient relationship without any warning for:

1. Two or more missed appointments or last-minute or "retroactive" cancellations.
2. Inappropriate behavior or language to staff or other patients.
3. Falsifying insurance or health information.
4. Repeated abuse of our office policies.
5. Past due accounts when the patient's family does not make a good faith effort to meet a payment schedule.

FINANCIAL POLICY

1) Regarding Insurance:

Your insurance policy is a contract between you and your insurance carrier. DR.MINIYAR'S PEDIATRICS, P.C. is not a party in that contract. Not all services are covered benefit in all insurance contracts (often well exams, immunizations, after hour charges are not covered benefits for some insurance carriers). Different insurance plans have different definition of what is covered. It is your responsibility to be aware of your insurance company's provisions for covered services for payment of office visits, well child visits, immunizations, annual routine exams including school, camp or sport physical exam, after hour charges and all other services. If you are not sure about your covered services, please call your insurance company in advance. Please do not assume that everything done in physician's office is covered. In the event your health plan determines a service to be "none covered", you will be responsible for the payment. **Insurance is NOT a substitute for your financial obligation for the service rendered to your child by our practice. Please bring proof of insurance to each and every office visit!** If you do not bring insurance card with you, we will not be able to file the insurance claim for you, making you responsible for the cost of all services.

2) Copayment, Deductible and non covered services payment:

You are required to pay in full your copayment, deductible, and charges for non covered services **at the time of service. If you do not make payment at the time of service, billing fee \$30.00 will be added to your account.**

For the convenience of our patients, we accept visa, Master credit card, cash and personal check. Please make sure to get receipt of your payment. It is our office policy to bill the insurance plan in which you participate as a courtesy to you. Nevertheless, you are fully responsible for payment regardless of any insurance company's decision to deny coverage.

3) Charge for missed appointment:

Our policy is charge \$ 50.00 for missed appointments, unless cancelation notice is given 24 hours in advance. Please be aware that this fee is not covered by insurance companies. You will be responsible for the payment.

4) Copying Medical Record:

We do not charge for copying immunization record and growth chart. For copying any/ all other type of medical record administrative and copying charge will be applicable. This charge must be paid in advance along with written request for the copy of medical record. Please be aware that this fee is not covered by insurance companies.

5) Completion of forms:

We charge fee to complete various forms. There is no fee to complete sport physical form presented at the time of physical exam. If form is presented later then there is \$ 20.00 fee. For FMLA form there is \$30.00 fee. Please be aware that this fee is not covered by insurance companies.

Parent's / Guardian's Signature

Date

6) Payment in case of divorce and court orders:

We understand the difficulties involved in divorce and court orders. **DR.MINIYAR'S PEDIATRICS, P.C. will not participate in the dispute between divorced parents. We will look to the custodian parent for reimbursement of any amount owed to our practice.** Court orders on health care coverage are an issue for the parents and the court system and DR.MINIYAR'S PEDIATRICS, P.C. will not participate in arbitration.

7) If you are uninsured:

If you are uninsured, of if we are unable to verify coverage, we require a \$100.00 payment at the time of visit paid in advance. This amount will be applied to your charges. If charges exceed \$100.00 you will be billed for remaining balance. We also offer sliding fee schedule for self-pay patients.

8) Returned Check:

If your check is returned to us for insufficient funds, we charge your account \$ \$40.00 for each attempt.

9) Collection Agency:

Any delinquent account over 60 days is subject to collection activity that reports to national credit bureau. The collection agency will add additional penalties and interest to the unpaid amount.

10) New born:

It is your responsibility to contact your insurance company immediately after your child is born. If you are unable to provide proof of insurance at the time of your baby's appointment, we will charge you in full for the service rendered.

11) Following Guidelines:

Our providers must follow accepted national guidelines when determining what your charges will be. They must code visit based on what services provided and cannot take in to account particular health plan benefit designs. We are unable to switch the visit reason and diagnosis in order to be covered by your insurance.

Please be aware that your child (or children) can be discharged from our practice for the failure to pay for services provided.

I have read and received a copy of the office policy and financial policy of DR.MINIYAR'S PEDIATRICS, P.C. I have understood this policy completely and I accept this policy completely for the treatment of my child (or children) with DR.MINIYAR'S PEDIATRICS, P.C.

Parent's / Guardian's Signature

Date

CONSENT FOR DR.MINIYAR'S PEDIATRICS, P.C. AND IT'S STAFF TO TREAT MY CHILD AND TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

TO PROVIDE TREATMENT: I, acting as parent or guardian of the below named minor child, hereby authorize DR.MINIYAR'S PEDIATRICS, P.C. and it's staff to provide and render such medical care and treatment to the below named patient as is necessary under the circumstances, including, without limiting the generality of the foregoing, any of the following: physical examination, laboratory testing, ordering x-rays and other imaging procedures, diagnostic testing, administration of medications and vaccines, physiotherapy, suturing and office surgical procedures.

TO SEEK PAYMENT: I authorize DR.MINIYAR'S PEDIATRICS, P.C. and it's staff to provide to release to third party payers (insurance companies, Medicaid, Peachcare) such medical information (PHI) as is necessary to obtain payment for services provided to my child.

TO CONDUCT HEALTHCARE OPERATIONS ON BEHALF OF MY CHILD: I authorize DR.MINIYAR'S PEDIATRICS, P.C. and it's staff to provide to release medical information (PHI) about my child to the extent necessary to coordinate his/her medical care. This includes, but is not limited to, consulting with other physicians; giving phone orders for care, laboratory tests, diagnostic procedures; and obtaining those results concerning my child.

Please refer to DR.MINIYAR'S PEDIATRICS, P.C.'s **Notice of Privacy Practices**, which you are receiving today, for a more complete description of such uses and disclosures.

ASSIGNMENT OF INSURANCE BENEFITS AND AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby irrevocably transfer and assign to DR.MINIYAR'S PEDIATRICS, P.C. all insurance benefits otherwise payable to me but not to exceed DR.MINIYAR'S PEDIATRICS, P.C.'s regular charges for the services rendered to my child, and authorize my insurance carrier to pay such benefits directly to DR.MINIYAR'S PEDIATRICS, P.C. on my behalf. I understand that I may be financially responsible to DR.MINIYAR'S PEDIATRICS, P.C. for charges not paid under the assignment. I further authorize DR.MINIYAR'S PEDIATRICS, P.C. and it's staff to provide to release such information or records to any pharmacist who provides medication to my child, to my insurance carrier or to any other insurance carrier, including Workman's Compensation carriers against which I have made, or shall hereafter make, a claim.

MEDICARE CERTIFICATION, AUTHORIZATION TO RELEASE INFORMATION AND PAYMENT REQUEST

If applicable, I certify that the information given by me in applying for payment under Title XVII of the Social Security Act is correct; I authorize DR.MINIYAR'S PEDIATRICS, P.C. and it's staff to provide, or any other holder of medical or other information about me to release to the Health Care Financing Administration or its intermediaries or carriers, any information needed for this or a related Medicare claim; I request that payment of authorized benefits be made on my behalf and I assign the benefits payable for physician services to DR.MINIYAR'S PEDIATRICS, P.C. or authorize DR.MINIYAR'S PEDIATRICS, P.C. to submit a claim to Medicare for payment to me.

PERSONAL RESPONSIBILITY FOR PAYMENT OF CHARGES

I understand that unless I am a participant in a managed care organization or plan, which may limit my liability, I am personally responsible for the payment of all charges that occur as a result of my child's medical treatment. I also understand that even if I am a participant in a managed care organization plan, I still may be personally responsible for the payment of certain charges that occur as a result of my child's medical treatment. Further, if it is determined through the utilization management procedure of my managed care contract that any medical services that my child hereafter receives are not covered under the plan, I agree that I may be personally responsible for the payment of the charges that occur as a result of said medical services and if it is determined that I am responsible for payment of such charges, I agree to pay the charges for such services.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION-- WORKMAN'S COMPENSATION

I hereby authorize DR.MINIYAR'S PEDIATRICS, P.C. and it's staff to provide to release any information to my child's present employer or Workman's Compensation insurance carrier, their legal counsel and my legal counsel concerning my child's on the job injury(s) and treatment(s). I further understand that if it is determined that my child's injuries are not work related, then I am fully responsible to pay for the medical services rendered by DR.MINIYAR'S PEDIATRICS, P.C. and it's staff.

POINTS TO CONSIDER:

- With this consent, DR.MINIYAR'S PEDIATRICS, P.C. and it's staff may use and disclose protected health information (PHI) about me to carry out Treatment, Payment and Healthcare Operations (TPO).
- I have the right to review the Notice of Privacy Practices prior to signing this consent.
- DR.MINIYAR'S PEDIATRICS, P.C. reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by presenting a written request to DR.MINIYAR'S PEDIATRICS, P.C. .

- With this consent, DR.MINIYAR'S PEDIATRICS, P.C. and it's staff may call my home or other designated location and leave a message on voice mail or to a live person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, and insurance items. Disclosing information pertaining to your child's clinical care, including leaving laboratory results, may be demanded by the circumstances. In general, however, adhering to the standard of protecting your privacy by disclosing the minimal amount of information necessary for the purpose at hand, we will ordinarily leave a message asking you to call the office for a detailed explanation of any results which require further evaluation.
 - With this consent, DR.MINIYAR'S PEDIATRICS, P.C. and it's staff may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.
 - I have the right to request that DR.MINIYAR'S PEDIATRICS, P.C. and it's staff restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions.
- This consent to use and disclose Protected Health Information (PHI) for Treatment, Payment and Healthcare Operations (TPO) does include information and records related to any of the following: psychiatric treatment, drug/alcohol problems, pregnancy, sexually transmitted diseases or HIV/AIDS treatment. Unless required by law or regulation, release of medical information concerning these problems for purposes other than Treatment, Payment and Health Care Operations (TPO) will be made only with a specific authorization for such action.

Even if I withdraw consent for care by amending this agreement or severing the Doctor/Patient relationship, this consent continues in force to complete actions related to **Treatment, Payment and Health Care Operations (TPO)** which were begun before the consent was terminated and while this consent was in force. I understand I may refer to the Notice of Privacy Practices for more details concerning the use of PHI for TPO.

By signing following consent you agree that:

- I HAVE READ AND RECEIVED A COPY OF DR.MINIYAR'S PEDIATRICS, P.C.'S NOTICE OF PRIVACY PRACTICES.
- I HAVE UNDERSTOOD THIS POLICY COMPLETELY AND I ACCEPT THIS POLICY COMPLETELY FOR THE TREATMENT OF MY CHILD (OR CHILDREN) WITH DR.MINIYAR'S PEDIATRICS, P.C.
- I WILL PERMIT DR.MINIYAR'S PEDIATRICS, P.C. AND IT'S STAFF MAY TO USE THEIR JUDGEMENT IN THE WAY IN WHICH THEY USE AND DISCLOSE PROTECTED HEALTH INFORMATION. THEY MAY LEAVE MESSAGES FOR ME AT WORK, WITH RELATIVES AND ON ANSWERING MACHINES. I UNDERSTAND THAT I CAN CHANGE MY MIND ABOUT THIS AND CAN REQUEST TO LIMIT OR RESTRICT THE WAY IN WHICH DR.MINIYAR'S PEDIATRICS, P.C. AND IT'S STAFF MAY USES AND DISCLOSES PROTECTED HEALTH INFORMATION.
- IF MY CHILD IS BROUGHT TO DR.MINIYAR'S PEDIATRICS, P.C. FOR TREATMENT BY A FRIEND OR RELATIVE, I WILL PERMIT DR.MINIYAR'S PEDIATRICS, P.C. AND IT'S STAFF MAY TREAT MY CHILD IN THE SAME MANNER AS IF I WERE THERE IN PERSON. I PERMIT DR.MINIYAR'S PEDIATRICS, P.C. AND IT'S STAFF MAY TO USE THEIR JUDGEMENT IN USING AND DISCLOSING PROTECTED HEALTH INFORMATION WITH THE PERSON ACCOMPANYING MY CHILD ON THAT VISIT. I UNDERSTAND THAT I CAN CHANGE MY MIND ABOUT THIS AND CAN PLACE LIMITS ON THE AUTHORITY OF ANY FRIEND OR RELATIVE WHO BRINGS THE CHILD TO THE OFFICE UNDER THIS CONSENT.

I permit a copy or scanned image of this authorization to be used in place of the original.

Parent's/ Guardian's Signature

Date