Little Oaks Pediatrics Vaccine Policy (Effective 01.01.2017)

Patient Name:_______________________________ DOB:_____/_____/______

We at Little Oaks Pediatrics recognize and respect a parents' role as the ultimate decision maker for their child's healthcare. We also believe strongly that we are obligated to deliver the best and safest healthcare possible for our patients, additionally ensuring the safety of all of our patients including those in our waiting area and exam rooms. Vaccines are a critical component in achieving this goal.

Little Oaks Pediatrics **WILL NOT** be accepting any new patients or newborns whose parents refuse ALL vaccines or choose to delay vaccination for their child/children.

- With your signature below, you as the parents agree that you will follow the recommended CDC immunization Schedule.
- If immunizations are refused at the 2 month old Well Child Visit, I understand that I will be discharged from your practice. I also understand alternative schedules will not be offered at Little Oaks Pediatrics.

Parent Signature:_________________________________ Date:_____________

CREDIT CARD ON FILE CONSENT FORM (Effective 01.01.2016)

Little Oaks Pediatrics, PLLC, uses a service, Transfirst Secure Electronic Payments (www.transfirst.com), that gives us the ability to charge your credit card, debit card, and health savings account (HSA) card and accept a payment in the office at the time of service or at a later date for your convenience. This is especially helpful if you have a newborn, an HSA account, or a high deductible insurance plan.

The credit card number is stored securely on an encrypted remote server with Transfirst and is not visible to anyone, including our office staff. If you authorize us to store your credit card we can use it for future payments, if your insurance company denies the claim or if you have any balance remaining after insurance pays. We will notify you of balances equal to or greater than $100 after receiving payment or explanation from your insurance company. Our office will send you a receipt of any charges made to your card.

For newborn parents, we allow 2 months (60 days) to put a patient on the insurance plan that you choose. If the patient is not on insurance after that 2 month time frame, the charges will become your responsibility.

By signing below, you are authorizing Little Oaks Pediatrics to keep your credit card on file for any future payments.

Child's Name: ____ **DOB:** ______________

Parent/Guardian's Name (Printed):____

Parent/Guardian's Signature:_______________________________ **Date:**_____________

Patient Name:___________________________________ DOB:_____/_____/_______

Financial/Payment Policy

Thank you for choosing Little Oaks Pediatrics as your healthcare provider. We are doing everything possible to hold down the cost of medical care and we agree to provide excellent pediatric services, at a fair and reasonable price. You can help a great deal by eliminating the need for us to bill you and by understanding the benefits of your insurance.

Payment is required at the time of service, unless other arrangements have been made in advance. This includes applicable coinsurance, co-pays and outstanding balances. Little Oaks Pediatrics accepts cash, personal check (in-state only) and all major credit cards. There is a service charge for all returned checks. Your insurance carrier will be billed a fee for any visits seen on the weekends, holidays and after hours. After hour visits are any visits after 5:00PM. If your insurance carrier will not cover any of the fees, it will then be your responsibility.

Since most patients we see are minors (under age 18), we consider the parent/guardian of the patient to be the responsible party. Oftentimes there are court orders that delineate financial obligations for medical care between a child's parents. Little Oaks Pediatrics is NOT a party to this court order, or bound by the court order. These orders only establish responsibilities for the parents. Little Oaks Pediatrics will seek payment from the responsible party on record in our office. It is then up to the parents to sort out the details of enforcement of the court order. Patients with an outstanding balance must make arrangements for payment prior to scheduling appointments for well care or vaccinations. We realize that people have financial hardships. Our front office staff is available during regular business hours Monday-Friday to discuss payment arrangements with you. If your child's account is sent to collections, you will be responsible for the collection fee. That fee could

range from 30% - 35% of the total balance due. Your total balanced owed would include the original balance and the collection fee.

INSURANCE:

Your insurance policy is a contract between you and your insurance carrier. Little Oaks Pediatrics is not a party to that contract. We MUST emphasize that as your child's healthcare provider, our relationship is with YOU and not your insurance carrier.

We bill participating insurance companies as a courtesy to you. Nevertheless, YOU are responsible for payment regardless of your insurance company's decision to deny coverage or reimburse less than the allowable charge. You are expected to pay your deductible, co-payment and outstanding balances at the time of service. If you have a high deductible plan, a charge of $80 will be collected with every sick or follow up visit. You will be responsible if the amount you owe is greater than $80 after insurance processes the claim. This includes co-payments for siblings who are seen as "add-ons/work-ins" without a previously scheduled appointment. Your contract with your insurance company determines the amount of your co-pay and other patient responsibilities. Oftentimes, co-payment amounts are not clearly indicated on your insurance card. It is your responsibility to know whether or not you have a co-pay and to pay it at the time of service. If the front desk staff does not ask you for your co-pay or if a copay is not clearly indicated on your insurance card, this is not to be considered a waiver of your contractual requirement with the insurance company.

Please understand the benefits your insurance provides for office visits, immunizations, well-child exams and physicals. It is your responsibility to know what services are covered. If you are unsure, please contact your employer or insurer. *As board certified pediatricians we follow guidelines established by the American Academy of Pediatricians for rendering*

appropriate, quality care to your child regardless of the provisions for coverage you have with your insurance company.

Patients who arrive to be seen in our office with invalid/terminated insurance, lack of proof of continuing coverage (new insurance pending) will be seen if payment for the visit is received at the time of service.

Please register your newborn with your insurer as soon as you are discharged from the hospital. Care for your newborn is not covered by your insurance until the baby is officially registered on your plan. *Most insurances require this to be done within 30 days of birth.*

Oftentimes claims are denied because your insurance company has requested additional details from YOU. Examples are “Coordination of Benefits” (COB) questionnaires and written requests for “accident” information. Your insurance company will not pay until you fulfill their request. In these cases, you will be billed for outstanding charges until the insurer receives the information from you.

MANAGED CARE:

If you are enrolled in a managed care program (i.e. HMO), you must verify that one of our doctor’s names is on your child’s card. If your insurance company does not list us as the Primary Care Physician (PCP) and denies payment, we will bill you for all services. Oftentimes, your insurer offers a window of opportunity for you to change your PCP – each insurance is different so you will need to check with your specific plan as to the correct timing.

MISSED APPOINTMENTS/LATE CANCELLATIONS:

Broken appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. It is our policy to charge $25.00 for any missed appointments that are not cancelled within a reasonable amount of time. For well check and follow up appointments, we require at least a 24 hour notification. Should you miss three (3) appointments without proper notification, you may be discharged from the practice.

Signature of Parent:________________________________**Date:**______________

Witness Signature:_________________________________**Date:**______________