

Office Policies

Lakeside Pediatric & Adolescent Medicine, PLLC

Responsible Part Policy

Assignment & release: I, the undersigned, certify that I (or my dependent) have insurance coverage and assign directly to Lakeside Pediatric & Adolescent Medicine, PLLC all insurance benefits if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment benefits. I authorize the use of this signature on all insurance submissions.

Receipt of Notice of Privacy Practices: Written Acknowledgement Form

I have received a copy of LAKESIDE PEDIATRIC & ADOLESCENT MEDICINE, PLLC's Notice of Privacy Practices.

Idaho Health Data Exchange

Lakeside Pediatric and Adolescent Medicine has chosen to participate in the Idaho health data exchange (IDHE). If you do not want to participate in the IHDE and you do not want to have your health information shared with other medical providers involved in your care, you can opt out of the participation. To opt out, you must complete and sign the IDHE "Request to Restrict Disclosure of Health Information" form and mail or fax it to the IDHE. You will receive a letter of confirmation upon completion of your request. This will restrict your information from being released through the exchange only (you will need to contact directly any facility you wish to also restrict you information with). The IDHE form is available at the front desk. If you do not complete this form, we may share your protected health information with the participating healthcare providers involved in your care through the IDHE. This is a secure internet-based health information exchange, with the goal of improving the quality and coordination of health care in Idaho.

Payment Policy

Thank you for choosing Lakeside Pediatrics and Adolescent Medicine as your child's healthcare provider. We want you to know that bringing your children to their recommended wellness examination is a vital part of their healthcare. It is your responsibility to meet the patient's financial obligation as we are committed to providing you with quality and affordable health care.

Lakeside Pediatrics sees patients from many different insurance plans. We do our best to know the details of each plan and we bill your insurance. However, since you are the owner of your policy it's your responsibility to know your benefits and make sure that all services rendered by Lakeside Pediatrics are paid for in full.

If we are contracted with your insurance:

We will submit your claims for you. All co-payments are due at the time of service; this is required by your insurance carrier. There may also be a balance after your insurance payment for unknown deductibles, non-covered services, partially covered services, or a change in your co-payment amount. If the balance is not paid within 30 days from your first statement, you will be subject to a reprocessing fee and you will need to contact our billing department for payment arrangements at (208) 292-5437 opt 4.

If we are not contracted with your insurance:

As a courtesy, we will submit your claims for you. If your insurance company has not paid for the services within 30 days, you will be responsible for paying the balance in full. If the balance is not paid within 60 days, you will be subject to a reprocessing fee. If your insurance company pays us directly, we will promptly refund any over payment to you.

If you do not have health insurance or your insurance does not cover the services:

Payment is expected in full at the time of service. A 25% percent discount will be given when we receive payment in full the day of service.

No Show Policy

Cancelling and rescheduling your appointment:

We understand that circumstances may occasionally arise causing you to cancel or reschedule your appointment. If you need to cancel or reschedule your appointment, we would greatly appreciate at least a 24-hour notice so we may schedule another patient in your time slot.

If a patient has 3 missed or no showed three appointments within a calendar year, they may be dismissed from the practice.

We understand that your time is as valuable as ours. We ask that you check in ten minutes prior to your appointment time to process your paperwork and collect any co-payments or co-insurance so you will be ready for your appointment at the scheduled time.

If you are 10 minutes or more late for your appointment, we will have to reschedule the appointment, and this will be considered a missed or no showed appointment. We want to make sure we are seeing our patients at the correct appointment time and limit any unnecessary wait time.

The providers and staff at Lakeside Pediatric and Adolescent Medicine look forward to providing your children's health care needs for many years and we appreciate you choosing and trusting us.

If you have any comments or concerns, please feel free to contact us by phone at (208) 292-5437.

My signature below confirms that I have read and understand the payment policy. I understand that regardless of my insurance I am responsible for the payment on my account.

Name of person signing this form: X _____

___ I Accept

___ I Decline

X: _____ (Signature)

