

PATIENT ACKNOWLEDGEMENT OF OFFICE POLICIES

Insurance Information – Co-payments, Co-insurance, Deductibles and Balance Owed

Elite Pediatrics will file your claim with your insurance if we participate with your insurance plan; otherwise, payment is required in full for all services at the time they are rendered. Should any services not be covered by your insurance, you agree to accept financial responsibility for said services. All applicable co-payments, co-insurance and deductibles and balance owed on your account are to be paid in full and collected at each and every visit. If you have not made arrangements with our Billing Department, prior to your visit, you will be asked to reschedule your appointment.

Patient statements will be sent to you every thirty days. If you have not paid your balance owed to us by the tenth day after the third statement is due, your account will be placed with our collection agency. If you have made arrangements with our Billing Department for a payment plan, you will be required to make your installment payment every month.

Returned checks are subject to a \$30.00 administrative fee. Your signature below signifies your understanding and willingness to comply with this policy.

Contact Information

If you are providing a Cellular phone number as a way to contact you, you are preauthorizing Elite Pediatrics to contact you at this phone number.

Insurance Cards and Photo Identification

All patients are required to provide valid insurance card(s), or a temporary print out at the time of their visit. Should you be unable to produce this documentation, insurance regulations require that you sign a financial waiver. All patients are also required to provide photo identification. Your signature below signifies your understanding and willingness to comply with this policy and that you are responsible for notifying our office of any changes to your insurance or contact information.

Cancellation Policy

We require a 24-hour notice to cancel our reschedule a Well Child appointment that has been reserved for you.

HIPAA Policy

Patients over the age of 18 are protected under the Federal Health Insurance Portability and Accountability Act. This Federal Law prohibits any staff member of Elite Pediatrics from discussing appointments, medication, test results or treatment plans with anyone other than the patient. Often this causes difficult for some patients who would like family members or caretakers to obtain information for them. If you would like to permit someone to discuss your medical condition, confirm appointments or obtain results for you, please indicate their name(s) below. Only these individuals will be provided with information.

Name Of Individual	Relationship To Patient

May we release Medical Information to: _____ Voice Mail at Home _____ Voice Mail at Work _____ Voice Mail On Cell Phone
Name of Patient: _____ Date Of Birth: _____
Parent/Guardian's Name If Patient Is A Minor: _____ Date Of Birth: _____
Signature of Patient or Parent/Guardian: _____ Date: _____