

Pediatrics at Cherry Creek LLC

dba Pediatrics at Stapleton Plaza

Please Print Clearly. All fields must be completed.

Demographic Information 2023

PATIENT DEMOGRAPHICS			PCP: <input type="checkbox"/> Elisabeth Staerz M.D. <input type="checkbox"/> Jennifer England M.D.	
Name		DOB:		Gender:
Preferred Language				
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Do not wish to answer	Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Do not wish to answer	

ACCOUNT DEMOGRAPHICS				
Parent 1 Name		Portal Access		<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Above Person Has Sole Custody/Responsibility for Patient				
Address		SSN		
		Colo ID#		
Phone #	H:	W:	DOB	
Email		Relationship		
Parent 2 Name		Portal Access		<input type="checkbox"/> No <input type="checkbox"/> Yes
Address		SSN		
		Colo ID#		
Phone	H:	W:	DOB	
Email		Relationship		

EMERGENCY CONTACT		Aside from parent(s) listed above, contact has permission to bring patient in for visits and can consent to medical treatment.	
Name		Relationship	
Phone Number		Phone Number	

INSURANCE INFORMATION		By signing below, you authorize Pediatrics at Cherry Creek to submit claims to insurance carrier(s) along with any medical records required for payment of these claims. You further authorize any payments of benefits payable to me, to be made payable to Pediatrics at Cherry Creek LLC.		
PRIMARY Insurance Company Name:				
Address:		Policy #	Group #	
		Phone		
Subscriber Name		DOB	Relationship to Patient	
SECONDARY Insurance Company Name:				
Address:		Policy #	Group #	
		Phone #		
Subscriber Name		DOB	Relationship to Patient	

COMMUNICATION PREFERENCES	<i>For appointment reminders and routine communication</i>	
Contact Name		
Preferred Method of Communication	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Text <input type="checkbox"/> No Preference	Phone Number:

PREFERRED PHARMACY NAME:		
Pharmacy Cross Streets:		Zip Code:
Do you have a mail order pharmacy?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify:	

Any false or misleading information will result in immediate dismissal from care.

Form Completed by _____ Signature _____ Date Signed _____



Pediatrics at Cherry Creek

Cherry Creek • Central Park

Financial Policies

Insurance

Insurance Billing

As a courtesy to our patients, we will file insurance claims on your behalf, but it is your responsibility to provide us with your most current and accurate insurance information. Any charges not covered by your insurance are your responsibility. We recommend that you review the terms of your policy each year so that you understand which services are covered and with your plan/network.

We require that a current insurance card must be provided for verification at each visit. If we are unable to verify coverage, you may be responsible for the entire charge of the visit. If you have changed insurance plans, please complete an Information Update sheet to ensure we have the most up-to-date information.

Copayments

Per our contract with your insurance company, copayments are due at the time of check-in and cannot be billed later or waived. Failure to pay your copay at the time of service may result in late fees. We accept cash, checks, Visa, MasterCard, American Express and Discover. No post-dated checks will be accepted.

Deductibles & Coinsurances

Some insurance plans require patients to meet certain out-of-pocket minimums before they pay. We will bill your insurance company so they are able to process your deductible or coinsurance. However, you are responsible for any balance due. If you have a high-deductible plan, we may require an HSA or personal credit card on file.

No Insurance or Out-of-Network

If you do not have insurance or we do not participate with your insurance plan, payment in full is expected at the time of service. We offer a self-pay discount when paid in full **on the date of service**. Payment plans are available in certain circumstances and may be arranged with our billing department.

Newborns

Newborns must be added to your policy within the first 30 days of life. If you do not provide verifiable proof of coverage at the time of visit, you must notify our office as soon as the child is added. Failure to enroll your child within the first 30 days may result in non-coverage of charges.

Medicaid

We accept fee-for-service Medicaid and CHP+; however, if your child's Primary Care Medical Provider is Denver Health or Kaiser, we will not be able to see your child. You must take him/her to the appropriate clinic for care.

Initials _____

Well Visits

Well Visits

While **many** insurance plans cover well child visits at no charge to you, if you have additional health concerns to discuss during a basic well visit, an office visit charge will apply and will be subject to your insurance plan copayment and benefits. This can occur if an abnormality or pre-existing problem requires additional work and time. Some examples of when additional charges may apply are: ADHD or mood disorder medication checks, asthma checks, and/or sick symptoms of any kind. If time permits, and for your convenience, your provider may give you the option to complete the medical visit at the time of the well visit or you may be asked to schedule a separate time to address these medical concerns. In either case, a copayment will apply.

Vaccinations

After we receive your verbal consent for scheduled vaccinations in the office, our medical assistants will draw the medication into syringes that can only be administered to your child. If you change your mind or your child refuses after the syringes are prepared, we must discard the medication that we have already paid for. Therefore, you will be charged for the cost of the vaccine, even if we do not administer it. Please note: Insurance will not pay for this.

Initials _____

Other Fees

Missed Appointments/Late Cancellations

Pediatrics at Cherry Creek requires a minimum 24-hour notice of cancellation (from the time of the appointment). If you fail to notify us, you will be charged a \$50 fee for each missed visit. If three appointments are missed without notice, you may be subject to discharge from the practice. As a courtesy, we provide appointment reminder calls; however, your failure to receive a call does not negate this policy.

Any time a patient arrives 20 or more minutes late for an appointment, that will considered a missed appointment and is subject to a missed appointment fee. In addition, you may be asked to reschedule the appointment because it is unfair to the patients who have arrived on time after you.

Records Transfer and Copies of Records

Currently, the Colorado Department of Public Health and Environment regulations governing patient access to medical records from licensed health institutions, facilities, or health care providers mandates that the maximum allowable charge cannot exceed \$14.00 for the first ten or fewer pages. \$0.50 per page for pages 11-40,a and \$.33 per page for every additional page without Department approval. Actual postage or shipping costs and applicable sales tax, if any, may also be charged. No fees shall be charged by a health care provider for patient records requests received from another health care provider solely for the purpose of providing continuing medical care to a patient.

Returned Check/Funds Fee

Any funds or checks returned for non-payment will be subject to a \$20.00 service fee. No appointments will be allowed until paid.

Initials _____

Non Payment

Non-Payment/Collections

Unpaid balances must be paid before scheduling any subsequent visits. If you are experiencing hardship and need to set up a payment plan, please contact our billing department to set up an appointment to discuss. If we have not received payment in full or a payment plan has not been established within 90 days of the date of service, your account will be turned over to our collection agency. The undersigned agrees to pay all costs of collection including, but not limited to, court costs, reasonable costs of collection charge by the agency and/or attorney, and reasonable attorney's fees, as permitted by statute or court judgement.

Initials _____

Assignment & Release of Benefits

Signature of this policy acknowledges assignment of medical benefits to Pediatrics at Cherry Creek LLC for services rendered, as well as release of information necessary to process insurance claims and secure payment.

Patient Name(s): _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

Authorization to Use or Disclose My Health Information

Patient Name: _____ Date of Birth: _____

Previous Name(s), Alias(es): _____

I. My Authorization

You may use or disclose the following health care information (check all that apply):

All my/my child's health information maintained by _____
Name of health care facility and/or physician

Mailing Address City State Zip Code
(Indicate include or exclude for EACH of the following)

- | | | |
|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Include or | <input type="checkbox"/> Exclude: | My/my child's health information related to drug abuse |
| <input type="checkbox"/> Include or | <input type="checkbox"/> Exclude: | My/my child's health information related to alcohol abuse |
| <input type="checkbox"/> Include or | <input type="checkbox"/> Exclude: | My/my child's health information related to HIV/AIDS |
| <input type="checkbox"/> Include or | <input type="checkbox"/> Exclude: | My/my child's health information related to psychological or psychiatric conditions, including psychotherapy notes |

My/My child's health information related to the following treatment or condition: _____

My/My child's health information for the date(s): _____

Other: _____

You may disclose this health information to:

Pediatrics at Cherry Creek
300 South Jackson Street, Suite 300
Denver, CO 80209
FAX: (303) 377-9954

Pediatrics at Stapleton Plaza
3401 Quebec Street, Suite 3900
Denver, CO 80207
FAX: (303) 388-4777

Reason(s) for this authorization (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> at my request | <input type="checkbox"/> check here only when _____ requests the authorization for marketing purposes |
| <input type="checkbox"/> other (specify) _____ | <input type="checkbox"/> check here only when _____ will get something of value for providing health information for marketing purposes |

This authorization ends: on (date) _____
 when the following event occurs _____

II. My Rights

I understand I do not have to sign this authorization in order to get health care benefits (treatment, payment or enrollment). However, I do have to sign an authorization form:

- To take part in a research study, OR
- To receive health care when the purpose is to create health information for a third party.

I may revoke this authorization in writing. If I do, it will not affect any actions already taken by the above named practice based upon this authorization. I may not be able to revoke this authorization if its purpose was to obtain insurance. Two ways to revoke this authorization are:

- Fill out a revocation form. The form is available from the office, OR
- Write a letter to the office.

Once the office discloses health information, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it.

Parent or legally authorized individual signature Date Time

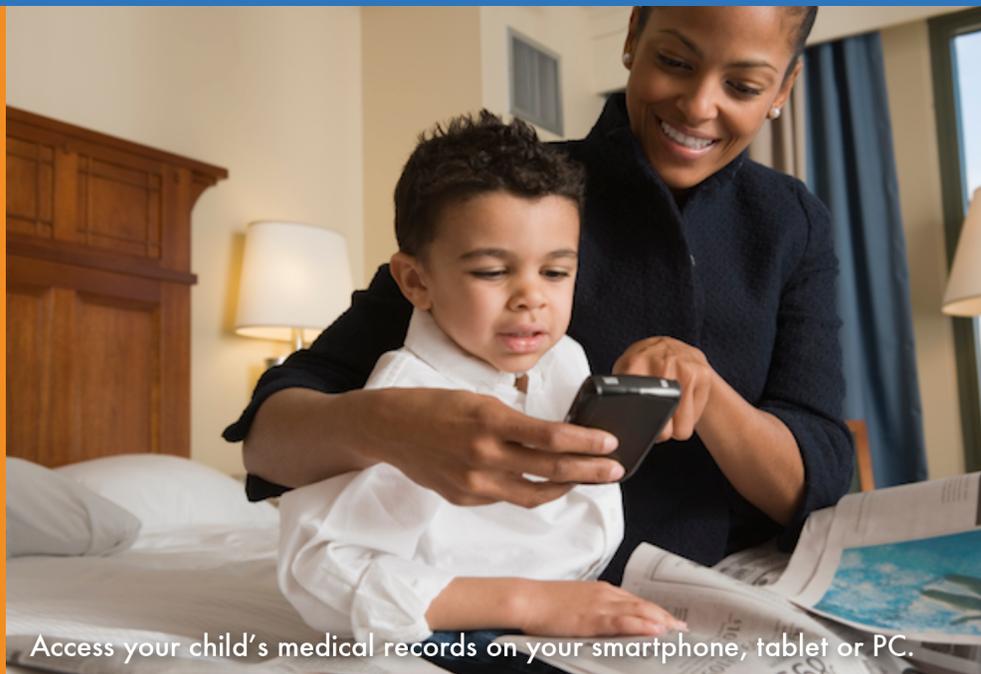
Printed name, if signed on behalf of the patient Relationship (parent, legal guardian, personal representative, etc.)

Our Patient Portal is Here

Sign Up Now

Speak with a member of our staff to start using

<https://pacc.pcc.com/portal>



Access your child's medical records on your smartphone, tablet or PC.

Adding Convenience to Your Life

Life is busy. Juggling your day-to-day and staying on top of your family's health care can be a challenge, but we've set up our new portal to help. Our practice's online tool at:

<https://pacc.pcc.com/portal> lets you communicate with us easily, any time and from anywhere.

You can access your child's medical records on your smartphone through Pediatrics of Cherry Creeks' secure patient portal at <https://pacc.pcc.com/portal>.

Using your secure password and user ID, you can log into our practice at <https://pacc.pcc.com/portal> 24/7 from your home or office. All you need is a mobile phone, tablet device or a computer with internet access.

Information You Can Access Through My Kid's Chart

When you access our patient portal, you can review a complete health information summary for each child in your care, including:

- Most recent physical date
- Upcoming appointments
- Historical visits
- A summary of labs and medical tests
- A problem list, allergy list and medications list
- A complete immunization record

You can download or print your child's immunization record directly from Pediatrics of Cherry Creeks' portal at <https://pacc.pcc.com/portal>, and you can review a detailed visit summary for any appointment.

Secure Messaging

You will be able to communicate with your pediatrician by sending and receiving secure messages via our portal.



Pediatrics of Cherry Creek
300 South Jackson Street
Denver, CO 80209
303-377-9663

<https://www.pediatricsatcherrycreek.com>

Powered by
PCC
Pediatric EHR Solutions

Pediatrics at Cherry Creek

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Pediatrics at Cherry Creek is required to maintain the privacy of your health information and to provide you with a notice of its legal duties and privacy practices. We will not use or disclose your health information except as described in this Notice. This Notice applies to all of the medical records generated by Pediatrics at Cherry Creek, as well as records we receive from other providers.

USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION IN TREATMENT, PAYMENT & HEALTH CARE OPERATIONS

- ***Treatment:*** Pediatrics at Cherry Creek may use and disclose your protected health information in the course of providing or managing your health care as well as any related services. For the purpose of treatment, we may coordinate your health care with a third party. For example, we may disclose your protected health information to a pharmacy to fulfill a prescription for medication, to a radiology facility to order an X-ray, or to another physician who is assisting in your health care. In addition, we may disclose protected health information to other health care providers related to the treatment provided by those other providers.
- ***Payment:*** When needed, Pediatrics at Cherry Creek will use or disclose your protected health information to obtain payment for its services. Such uses or disclosures may include disclosures to your health insurer to get approval for a recommended procedure or to determine whether you are eligible for benefits or whether a particular service is covered under your health plan. When obtaining payment for your health care, we may also disclose your protected health information to your insurance company to demonstrate the medical necessity of the care or for utilization review when required to do so by your insurance company. Finally, we may also disclose your protected health information to another provider where that provider is involved in your care and requires the information to obtain payment.
- ***Operations:*** Pediatrics at Cherry Creek may use or disclose your protected health information when needed for the practice's health care operations for the purposes of management or administration of the practice and for offering quality health care services. Health care operations may include: (1) quality evaluations and improvement activities; (2) employee review activities and training programs; (3) accreditation, certification, licensing, or credentialing activities; (4) reviews and audits such as compliance reviews, medical reviews, legal services, and maintaining compliance programs; and (5) business management and general administrative activities. For instance, we may use, as needed, protected health information of patients to review their treatment course when making quality assessments regarding ophthalmologic care or treatment. In addition, we may disclose your protected health information to another provider or health plan for their health care operations.
- ***Other Uses and Disclosures:*** As part of treatment, payment, and health care operations, Pediatrics at Cherry Creek may also use or disclose your protected health information to: (1) remind you of an appointment; (2) inform you of potential treatment alternatives or options; or (3) inform you of health-related benefits or services that may be of interest to you.

USES & DISCLOSURES TO WHICH YOU MAY OBJECT

- ***Family/Friends:*** Pediatrics at Cherry Creek may disclose your protected health information to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose protected health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you have any objection to the use and disclosure of your protected health information in this manner, please tell us.

USES & DISCLOSURES THAT ARE REQUIRED OR PERMITTED WITHOUT YOUR AUTHORIZATION

- **Research:** Under certain circumstances, Pediatrics at Cherry Creek may use and disclose your protected health information to approved clinical research studies. While most clinical research studies require specific patient consent, there are some instances where a retrospective record review with no patient contact may be conducted by such researchers. For example, the research project may involve comparing the health and recovery of patients who received one medication for their medical condition to those who received a different medication for that same condition.
- **Regulatory Agencies:** Pediatrics at Cherry Creek may disclose your protected health information to government and certain private health oversight agencies, e.g., the Department of Public Health and Environment or the Board of Medical Examiners, for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections. These activities are necessary to monitor compliance with the requirements of government programs.
- **Law Enforcement/Litigation:** Pediatrics at Cherry Creek may disclose your protected health information for law enforcement purposes as required by law or in response to a court order or other process in litigation.
- **Public Health:** As required by law, Pediatrics at Cherry Creek may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, we are required to report the existence of a communicable disease, such as acquired immune deficiency syndrome ("AIDS"), to the Department of Public Health and Environment to protect the health and well-being of the general public.
- **Workers' Compensation:** Pediatrics at Cherry Creek may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- **Military/Veterans:** Pediatrics at Cherry Creek may disclose your protected health information as required by military command authorities, if you are a member of the armed forces.
- **Organ Procurement Organizations:** To the extent allowed by law, Pediatrics at Cherry Creek may disclose your protected health information to organ procurement organizations and other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.
- **As Otherwise Required or Permitted By Law:** Pediatrics at Cherry Creek will disclose your protected health information in any situation in which such disclosure is required by law (e.g., child abuse, domestic abuse) or any other use permitted under HIPAA, its amendments or regulations.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION:

Other than the circumstances described above, Pediatrics at Cherry Creek will not disclose your protected health information unless you provide written authorization. An authorization is specifically required in most situations involving uses or disclosures of protected health information for marketing purpose, for the sale of protected health information, or for psychotherapy purposes. You may revoke your authorization in writing at any time except to the extent that we have already taken action in reliance upon the authorization.

YOUR RIGHTS RELATED TO YOUR HEALTH INFORMATION:

Although all records concerning your treatment obtained at Pediatrics at Cherry Creek are the property of Pediatrics at Cherry Creek, you have the following rights concerning your protected health information:

- **Right to Confidential Communications:** You have the right to receive confidential communications of your protected health information by alternative means or at alternative locations. For example, you may request that we contact you at work or by mail.

- **Right to Inspect and Copy:** You generally have the right to inspect and copy your protected health information, except as restricted by your physician or by law. Further, if we maintain your health records on an electronic health records system, you have the right to request an electronic copy of your health records.
- **Right to Amend:** You have the right to request an amendment or correction to your protected health information. If we agree that an amendment or correction is appropriate, we will ensure that the amendment or correction is attached to your medical record.
- **Right to an Accounting:** You have the right to obtain a statement of the disclosures that have been made of your protected health information other than by your authorization, other than to you and other than for the purpose of treatment, payment or routine operational purposes.
- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your protected health information. If we agree, we will abide by the restrictions. Additionally, if you (or anyone on your behalf besides a health plan) pay for the care or services at issue in full out of your own pocket, we are required to comply with your request not to disclose your protected health information to a health plan, unless required by law to do so.
- **Right to Receive a Copy of this Notice:** You have the right to receive a paper copy of this Notice, upon request, if this Notice has been provided to you electronically.
- **Right to Revoke Authorization:** You have the right to revoke your authorization to use or disclose your protected health information, except to the extent that action has already been taken in reliance on your authorization.
- **Right to Notice of Breach of Security:** You have the right to be notified in the event of a breach of unsecured protected health information occurs.
- **Right to Opt Out:** You may be contacted for certain fund-raising purposes and you have the right to opt out of receiving such communications.

FOR MORE INFORMATION REGARDING HOW TO EXERCISE THESE RIGHTS: If you have questions or would like more information regarding any of the rights listed above, please contact the Compliance Officer at (303) 377-9663.

IF YOU BELIEVE THAT YOUR RIGHTS HAVE BEEN VIOLATED: You may file a complaint with Pediatrics at Cherry Creek or with the U.S. Secretary of Health and Human Services. To file a complaint with Pediatrics at Cherry Creek, please contact the Compliance Officer at (303) 377-9663. All complaints must be submitted in writing. There will be no retaliation for filing a complaint.

NOTICE EFFECTIVE DATE: This Notice is effective for all protected health information created on or after September 23, 2013.

Pediatrics at Cherry Creek Pediatrics at Stapleton Plaza

ELIZABETH STAERZ, M.D.

JENNIFER ENGLAND, M.D.

RECOMMENDED SCHEDULE FOR WELL-CHILD VISITS

- Weight checks as needed in the first 1-2 weeks
- 10-14 days (with 2nd newborn screen)
- 1 month (optional)
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 2 years
- Every year thereafter

Developmental screening is performed at every WCC visit beginning at 2 months. Since the screening test requires that you interact with your child and have him/her perform a variety of tasks, forms should be downloaded and completed PRIOR to the visit. They will be scored and discussed during the visit.

PRACTICE LIMITED TO INFANTS AND CHILDREN

Pediatrics at Cherry Creek • 300 South Jackson Street, Suite 300 Denver, CO 80207 • Phone 303.377.9663 • FAX 303.377.9954

Pediatrics at Stapleton Plaza • 3401 Quebec Street, Suite 3900 Denver, CO 80209 • Phone 303.388.4333 • FAX 303.388.4777

www.pediatricsatcherrycreek.com