



DELAWARE PEDIATRIC ASSOCIATES, LLP Patient Responsibility Agreement

Patient Name	
Date of Birth	
Name (s) of Siblings	
Sibling (s) Dates of Birth	

PLEASE READ AND SIGN THE FOLLOWING AGREEMENT:

1. DEMOGRAPHIC INFORMATION:

We rely on our patients to keep us up to date with your family's personal information. **It is your responsibility to contact our office should any of the following change:** Home address (No P.O. Box information will be accepted without a valid home address), current phone numbers for both parents, and Emergency contact information.

2. INSURANCE INFORMATION:

We understand that your health insurance information may change from time to time, however, **it is your responsibility to contact our office immediately should any changes occur.** Should you fail to provide us with the most accurate information promptly you will be responsible and billed for all charges that result in non-payment or denial by your insurance company. An invoice will be sent to you and payment is expected within 30 days of receipt.

3. PAYMENTS:

All copayments are due at the time of service. The person bringing the child(ren) to the office for their appointment is responsible for all payments due at the time of the appointment. This means that all co-pays or unpaid deductibles are due the day of your child(ren)'s appointment(s). Failure to submit payment could result in a **\$10** billing fee to cover the cost of an invoice being sent to your home.

4. APPOINTMENTS:

An annual exam visit does not include the discussion of new problems or a detailed review of and/or management of chronic conditions. While the appointment may have been scheduled as a routine physical, should a problem or chronic problem be addressed and treated and both services be performed during your visit, then both services may be billed. We are legally obligated to assign procedure codes based on the services provided to you, whether it is an "annual physical", a visit to take care of problems, or both. This billing standard may create additional out-of-pocket expenses, such as copay or deductible, depending on your coverage.

If you prefer to have your annual exam scheduled as strictly a preventive service, a separate follow-up visit for your other concerns will be scheduled and billed accordingly.

We work diligently to stay on schedule and ask that you arrive 15 minutes before your appointment time to fill out any necessary paperwork. If you are more than 5 minutes late for your appointment, we request that you call our office to inform us. If you arrive more than 10 minutes after your appointment time, your appointment may be canceled, and you will have to reschedule to another date and time. If you arrive more than 15 minutes late, this will be considered a **NO SHOW**.



Even though we offer a **complementary text/email appointment reminder**, it is **your responsibility** to keep track of your child(ren) scheduled appointments. If you are unable to make your well-child visit, we require you to cancel a minimum of **24 hours** in advance. If we do not hear from you or you do not call to cancel your appointment, a **\$50 fee** (per patient) may be charged to your account. **\$50** may also be applied for same-day cancellations. No-show fees must be paid before any appointments can be rescheduled if applicable. **More than 2 no-shows per family in a year could result in discharge from our practice.** If you are a new patient and you fail to show up or cancel your appointment within **24 hours**, a **\$75 fee** (per patient) will be charged to your account and will have to be paid before an appointment can be rescheduled. More than **1 no-show** of a new patient appointment will result in discharge from our practice.

5. AFTER HOURS PHONE CALLS:

Delaware Pediatrics strives to provide comprehensive care to all our patients even after our office is closed. We have a nurse answering service and a provider on call 24/7 when the office is closed.

Please keep in mind that after-hours calls are for **EMERGENCY QUESTIONS/CONCERNS ONLY**. Please call back during normal business hours for all non-urgent requests.

If you need to contact our after-hours service, should you have an urgent matter, please call our answering service at (716) 827-1621. Please allow up to an hour for a return call.

6. EXPLANATION OF HIGH DEDUCTIBLE HEALTH PLAN (HDHP):

The providers at Delaware Pediatrics are aware of increasing insurance deductibles and co-pays for medical care. We urge each family to familiarize themselves with the requirements of their specific insurance plan.

Please be aware that a medical service MAY go towards your deductible or generate a co-pay, even if this service is provided at a routine well visit. An example of this would include a child being seen for a well visit, during which time an acute problem is identified and treated. We are required to report these additional diagnoses to your insurance company and are prohibited from “adjusting” or “writing off” any charges generated, as this would be considered insurance fraud.

We understand that these are financially challenging times, however, we want to provide the best medical care for your family. We thank you for your cooperation in this matter.

The following services may not be covered or could generate a co-pay depending on your insurance coverage or if you have a “high deductible” plan:

AFTER HOURS CHARGES

For the convenience of our patients, and at the request of various insurance companies, Delaware Pediatrics offers after-hours appointments Monday through Thursday from 5 pm-7:00 pm.

Some insurance companies may charge an additional fee for “after-hours” visits as well as Saturday morning visits. Please check with your health insurance company for details regarding your coverage.

DEVELOPMENTAL SCREENING ASSESSMENTS

Our office follows the American Academy of Pediatrics recommended screening schedule for autism and depression. Autism screening takes place at the 18-month and 24-month visit, while depression



screening is done yearly starting at age 12. Please be advised that some insurance companies may not cover this service and you may be charged for this, even if it is done as part of the routine well visit.

VISION SCREENING

Our office uses an Ocular Photo Screener to check your child's vision. Please be advised that some insurance companies may not cover this service and you may be charged for this, even if done as a part of the well visit.

LAB ORDERS

Your insurance company may limit where you can get your blood work done. Please be advised that your insurance company will not cover your lab work if you use the wrong laboratory. Please contact your insurance company to ensure you do not encounter any unexpected charges or fees.

Delaware Pediatrics will not be responsible for any unpaid balances if you use the wrong laboratory.

7. FORMS/RECORDS:

Due to the time required to complete forms, Delaware Pediatrics charges a **\$10 fee** for **ANY** physical forms and daycare forms, whether requested by the parent or school. If you bring school physical forms or daycare forms with you on the day of your appointment, we will provide you with a **FREE** health appraisal or daycare form in its place.

Please note that not all institutions will accept our health appraisal form instead of their form. If this is the case, the **\$10 form** completion fee will still apply. Please check with your child's school or daycare provider before your appointment.

FMLA/PFL(Family Medical Leave/Paid Family Medical Leave) paperwork can take 5 -7 business days. to complete (*forms will not be completed at the time of your appointment*). A completion fee of **\$15** will apply before completion of all forms (*the fee may increase depending on the length of the form*).

You have the right to request to see and receive a copy of your child (ren) PHI contained in clinical, billing, and other records used to make decisions about your child (ren) health. You may make requests for protected health information (PHI) but must do so in writing. Depending upon the age of the child, they may also have to sign the release. We charge **\$6.00** when you request records for personal use. There is no charge if we are sending your records to another provider on your behalf. You can receive your records either by mail or pickup. It should be noted that there may be some unusual requests that lie outside of this fee structure. In these unique circumstances, the practice may calculate actual costs if the costs are reasonable and only of the type permitted by the Privacy Rule.

WE REQUIRE A PHOTO ID FOR THE PICKUP OF ANY RECORDS OR FORMS.

8. COLLECTIONS:

You are responsible for any fees associated with the collections process. Delaware Pediatrics reserves the right to refer your account to a third party for collection of any account balances that have gone unpaid for 120 days. Should your account go into collections, you will be asked to leave the practice and have 30 days to find a new pediatrician. We will send you written notice of the above along with the necessary forms to request your child's medical records.



9. PATIENT PORTAL:

Our **patient portal** will help facilitate communication with our practice by providing both convenient and secure access. The patient portal can be used for prescription refills, sending non-urgent messages to our clinical staff, requesting, and managing appointments, updating account information, viewing, and printing medication/allergy lists, and viewing/printing Health Appraisals/immunization records for children up to age 17.

At age 17, the patient portal will need to be reactivated by the patient. The patient will have to share any information with the parent (s)/guardian (s).

Insurance allows us to bill for certain phone calls and portal messages, which may result in a copay or deductible balance. Please direct any questions to your insurance company.

Please speak to our office staff to find out more information and to set up an account for **EACH** child.

10. HIPAA:

If anyone besides parent (s)/legal guardian (s) will be bringing your child (ren) in for **ANY** medical appointments, or requesting information, you must give authorization by completing a HIPAA form. HIPAA forms are updated annually or with any new changes. Please ask staff to find out more information.

11. ACKNOWLEDGEMENT OF A “ABUSE FREE ZONE”

At Delaware Pediatrics we appreciate and respect our staff. We believe that our staff should have an environment free from verbal and physical abuse. We expect you to treat each one of our staff members as you would like to be treated. Outbursts against our staff will not be tolerated and may result in your discharge from our practice.

Patient Responsibility/Financial: I have read the above and understand and accept the terms of the Patient Responsibility/Financial Agreement. I also understand that I will be responsible for all collection fees should I fail to make payments on time.

Acknowledgement of Understanding regarding the above terms.

Parent/Guardian (Print)

Parent/Guardian (Signature)

Date

Employee Initials: _____