



# Ponderosa Pediatrics

## Where Kids Come First

James M. Mick, MD ♦ Matthew Hinton, MD ♦ Ronael Eckman, MD  
Lee Howard, CPNP ♦ Michelle Copeland, CPNP ♦ Jeanne Gibian, CPNP

### **Important information regarding patient policies and procedures.**

*Please read and acknowledge by signing (on Page 3) where indicated.*

Thank you for choosing Ponderosa Pediatrics for your child's health care. We look forward to working with you to provide the best medical care for your child through the growing years ahead. Our specialty is treating patients up to the age of 18. In order to provide the best possible care for every patient, we have implemented patient/parent procedures and policies which need to be understood and agreed to. Please take the time to read them over carefully.

#### **INSURANCE & PAYMENTS**

- Your insurance is a contract between *you (sometimes through your employer) and the insurance company*. It is very important that you understand the provisions, benefits, and restrictions of your policy.
- Ponderosa Pediatrics files insurance claims as a *courtesy* that we extend to our patients, *all charges are patient responsibility*. We cannot guarantee payment of claims from your insurance company.
- *Having a secondary insurance does not guarantee that services are covered 100%*. Reduction or rejection of your claim by your insurance company does not relieve you of your financial obligation with our practice. Please remember that *professional medical services are rendered and charged to the patient, not to the insurance company*.
- Ponderosa Pediatrics fees fall within the usual and customary range of most insurance plans.
- *Your payment for co-payments, non-covered services and deductibles are due the day of service*. Our office accepts cash, checks, Visa, Discover, American Express, and Master Card for your convenience.
- We charge \$25.00 for returned checks, and no appointments can be scheduled until the matter is resolved. To assist our patients with no health insurance coverage, we offer a 20% discount for paying in full at the time of service.
- If your insurance company has not paid your account in full within 90 days, the balance will be transferred to you for payment.
- We realize that personal circumstances may arise that may affect timely payment of your account. If this situation occurs, or where a claim is pending, or when treatment will be for an extended period of time, it is recommended that a payment plan be initiated. Our Billing Department can assist you in setting up a payment plan if needed.
- If you do not pay balances on a timely basis, your account may be sent to an outside collections agency. If sent to an agency for collections, all members of your family may be discharged from the practice and you must find another doctor for them. They *may* be re-admitted once the account is made current.
- Please notify our office when you have any changes in your insurance company, policy number, or coverage. This will help us keep your information current, and it will assist in prompt insurance payments to your account.

#### **TREATMENT OF MINOR PATIENTS**

- For the safety and protection of our patients, and to enable our physicians to provide the very best medical care, a parent or legal guardian must accompany all children to be seen in our office.

- Written permission from the parent or legal guardian that gives medical care authorization to another adult (including step-parents) will be accepted.
- A divorce decree cannot assign responsibility for the child's medical bills. The parent who brings a child in for treatment is responsible for payment.

### **CANCELLATION OF APPOINTMENT / NO-SHOWS**

- If you are unable to keep your appointment, our office must be notified at least 24 hours in advance of the scheduled time. This will allow another patient in need to fill that appointment.
- Three missed appointments without notification may result in dismissal from our practice.
- Punctual arrival for appointments is crucial to keeping on schedule for all patients to be seen. Late arrival for appointments by more than 15 minutes may result in having to reschedule that appointment so as not to affect other patients already waiting.
- Missing an appointment without proper notice will result in a \$30.00 charge. If you do not appear for or reschedule (24 hours prior to) your first appointment we will not accept you as a new patient.

### **REFERRALS TO SPECIALISTS**

- If your insurance company does not require a referral from us for your child to see a specialist, it is your responsibility to make your own appointments with the specialist of your choice. We will provide you with a list of specialists to help you choose.
- If your insurance company requires a referral (or pre-certification) from us (the primary care physician), please allow two weeks to process routine requests. Some specialists may have a significant wait time (even months) before your child can be seen. All other requests will be processed as requested by physicians.
- For STAT or URGENT matters, please allow up to three days for processing. Our referral coordinator will notify you with your appointment information.
- If you are unable to keep the scheduled appointment, you must notify the specialist's office and our office at least 72 hours prior to the appointment. We will need to re-schedule that appointment for you.
- Note that many specialists WILL NOT re-schedule after ONE missed appointment. Of course we must have correct contact information from you, to include address, telephone, insurance information, etc.

### **PRESCRIPTIONS AND REFILLS**

- Ponderosa Pediatrics asks that you allow five business days to refill your prescription.
- Please avoid running out of your medications by calling your pharmacy *at least* three days before your prescription runs out.
- Be aware of the expiration date of all of your prescriptions to allow adequate time to schedule an appointment to avoid any lapse.

### **PRIVACY**

Ponderosa Pediatrics is required to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices. You were given a copy of our Privacy Notice with this policy document, and you were asked to acknowledge (with your signature, as required by federal regulation) receiving a copy. Please keep this and the Privacy Notice with your important papers. It is important to read them and be sure you understand them.

### **OFFICE HOURS**

Our office hours are Monday through Thursday, 8:00 a.m. to 8:00 p.m., Friday 8:00 a.m. to 5:00 p.m., and Saturday 8:00 a.m. to 12:00 Noon. If you have urgent questions pertaining to the health of your child after our office has closed, please call the office number, and our answering service will contact our nurse triage service for you. If you have a life-threatening emergency, please call 911 immediately.

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I have read, and I understand the practice policies of Ponderosa Pediatrics. I agree to be bound by these policies. I understand and agree that said terms might be changed by Ponderosa Pediatrics, PLC as deemed necessary. \_\_\_\_\_ **Initials**

I hereby assign to Ponderosa Pediatrics, PLC all payment for medical services rendered to my child. Further, I understand that I am responsible for all charges incurred at Ponderosa Pediatrics, PLC not covered by my insurance. I authorize Ponderosa Pediatrics, PLC to furnish information to insurance carriers concerning my child's illnesses and treatments. \_\_\_\_\_ **Initials**

I authorize Ponderosa Pediatrics, PLC to render medical care and treatment, either routine or emergency, including physical examination and immunization administration. This consent covers today and any and all future visits or appointments I may schedule with the healthcare providers at Ponderosa Pediatrics, PLC. I acknowledge that no guarantees have been made as to the effect of any examination or treatment of my child's (or children's) condition(s). \_\_\_\_\_ **Initials**

I acknowledge that I have received a copy of Ponderosa Pediatrics, PLC's "Notice of Privacy Practices." This notice describes how Ponderosa Pediatrics, PLC may use and disclose my child's protected healthcare information and rights I may have regarding my child's protected health information. \_\_\_\_\_ **Initials**

\_\_\_\_\_  
**Signature of Patient's Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to Patient**