**FINANCIAL POLICIES**

**REVISED 01/01/2023**

3142 Horizon Rd Suite 200Rockwall, Tx 75032 214-306-4456 fax 214-306-4457 [www.northpediatrics.com](http://www.northpediatrics.com)

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRST MIDDLE LAST

* North Pediatrics is not responsible for determining if we are on your insurance plan or knowing your benefits. It is your responsibility to contact your insurance plan for this information.
* All Co-Pays, Deductible’s or Co-insurance payments are due at the time of service regardless of who brings the child, babysitters, grandparents, older siblings, nannies, etc... Regarding custody and who is listed as the responsible party for paying medical expenses, it will still be required for the person bringing the child in to pay. All must be prepared to pay the Co-pay, deductible or Co-insurance at the time of the visit.
* If you do not have insurance, or have a deductible that has not been met, payment in full is expected at the time service is rendered. All self-pay and current day’s visit amounts will be collected during the check-in process.
* If you have a previous balance, you will be expected to pay your balance in full in addition to the charges for the current day’s visit. If you cannot pay in full, you will be required to set up a payment plan with a credit card on file to be charged every month with the agreed monthly amount. There will be an additional $2.00 service added to your monthly payment. If a payment is missed or your credit card is cancelled, you will receive one final statement. If payment is still not made your account will be sent to collections and no further appointments or medications refills will be made.
* While we do send out statements every month, if you for some reason did not receive one, we will be happy to send you another one per your request. Please verify any changes to your address or phone numbers when you check in at every visit. In addition, all insurance carriers will send you an EOB (explanation of benefits) which will also explain any amount you may owe for every visit. Just because you did not receive a statement does not mean the monies are not owed. If you have any questions regarding your bill, please call our office and ask to speak with the billing department.
* If our office is not notified of insurance changes within 30 days of the date of service, the account holder will be expected to pay in full for all charges for that date of service.
* It is the responsibility of the parent or Guardian to make sure that our office provider(s) are listed as your PCP on your plan. (If your plan requires a PCP) If we are not listed, we CAN NOT see your child until it has been changed.
* Claims denied, or any service that is not covered or considered not a benefit by insurance companies, will be billed to the responsible party. If there are any questions, you may dispute them with your insurance provider.
* We except Cash, Cashier’s Checks, Money Orders, Visa, MasterCard, Discover, and American Express. We DO NOT except personal checks. (In the event we do receive one there will be $30 NSF fee charged to your account)
* We reserve the right to charge $45 for missed appointments or late cancelations (late meaning not giving a 24-hour notice). Insurance will not pay this fee, so it is the patient’s responsibility. Please call 24 hours in advance if you need to cancel or reschedule your appointment so we can offer the appointment to another patient. Excessive abuse of scheduled appointments will result in discharge from the practice. We do enforce a strict missed appointment policy. Payment of any missed appointment will be required before the next appointment can be scheduled.
* There is an additional $50 charge to your account if your account must be sent to a collection agency.
* You agree…for us to service your account or to collect any amount you may owe we may contact you by telephone at any telephone number associated with your account, including wireless numbers that could result in a charge to you. We may also contact you by sending text messages or email, using any email address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and /or use of an automatic dialing service, as applicable. I/We have read this disclosure and agree that the practice and /or creditor may contact me /us as described.
* Please be prepared to show a form of ID and insurance card at EVERY VISIT.
* Please make sure all information with your insurance is correct. We are required to file our claims to match your insurance (i.e.: name, DOB etc.)

I have read and agree with the financial policies of North Pediatrics. I assign insurance benefits to be paid directly to North Pediatrics. I understand that I am financially responsible for all non-covered services performed that are not covered under the terms of my health care coverage. I authorize the release of medical information on the patients to their insurance companies for the purpose of filing insurance claims.

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Printed Name of Parent/Legal Guardian

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Signature of Parent/Legal Guardian Date

**GENERAL OFFICE POLICIES**

**REVISED 01/01/2023**

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Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

* **If your child has had a legal name change through the courts, we will need court documentation stating such.**
* **If you are NOT the child’s birthparent but have legal guardianship, we will need court records showing you have legal guardianship and have the legal right to have the child seen by a Physician/NP BEFORE they can be seen in our office.**
* **If you do not fill out our ENTIRE patient packet and sign every page, we will NOT be able to see the child/children at our office.**
* Physician/NP assessment will be needed for all antibiotics and /or refills, referrals and to complete any paperwork needing to be signed by a provider. Your child must be up to date on their yearly well visit to receive medication refills (including ADHD medications)
* If you arrive 15 or more minutes late for your appointment, we reserve the right to reschedule your appointment. Late arrivals will cause a delay in seeing patients who are on time. If you find that you are running late, we recommend that you call our office to determine if we can hold your appointment time.
* We require 48-72 hours’ notice to refill your prescriptions. If you need a refill, you must call your pharmacy or request one through the patient portal.
* Asthma patients MUST be assessed every 3 months; maybe more/less often depending on the stability of the child on medications and the providers assessment.
* **All ADHD patients** MUST be assessed EVERY month. Once your child is stable on Medications and your provider approves, your visits can be scheduled as follows: 1 in person office visit, 2 telemedicine visit, 3 telemedicine visit. After your 2nd telemedicine visit you will be required to return to a in person office visit before any refills or telemedicine visits will be given. This is for your child’s safety. Most ADHD medications are controlled substances therefore the rules and state laws mandating such prescriptions will not be broken. It is your responsibility to keep up with and schedule your appointments before your child runs out of medication. Controlled substances will not be refilled without at least one in person visit every 3 months BY LAW.
* All prescriptions, including controlled substances, will be sent in electronically. Paper-controlled substance prescriptions are no longer available. NOTE: CONTROLLED SUBSTANCE PRECRIPTIONS WILL EXPIRE AFTER 21 DAYS. If not picked up by 21 days your prescription is cancelled and will be required to be resent. In the event you need your prescription resent due to letting it expire there will be a $10.00 resend fee.
* It is your responsibility to make sure your pharmacy has your child’s monthly medication(s) in stock prior to the electronic prescription being sent. We will not call around looking for a pharmacy that has your medication. In addition, we will not resend a controlled substance prescription more than twice. If the first pharmacy does not have your medication, make sure you find one that does before requesting it to be resent.
* After 3 missed (NO SHOW) appointments without prior 24-hour notice in a one-year period, you will be dismissed from the practice. There is a $45 no show fee for missed appointments.
* No medical records will be released without written consent from the parent or legal guardian. There will be a $25.00 charge per child for records sent directly to the parent or legal guardian. If sent directly to a physician, there is no charge.
* Verbal abuse of the office staff will not be tolerated. This includes but is not limited to foul language, yelling, and name calling. This is a pediatric office, and you are expected to conduct yourself in a respectful manner not only for your child but for other people’s children who may also be present. Not doing so will result in being dismissed from our practice.

\_\_\_\_\_\_ I authorize North Pediatrics to download medication history automatically from Pharmacy Benefit Managers (PBM)

\_\_\_\_\_\_ I agree to receive automatic phone calls from North Pediatrics, which may include appointments, test results and more on any devices I have listed, including mobile devices.

Printed Name of Parent/Legal Guardian

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Signature of Parent/Legal Guardian DATE

**VACCINATION POLICY**

**Revised 01/01/2023**

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FIRST MIDDLE LAST

As medical professionals, we feel very strongly that vaccinating children on schedule with currently available vaccines is absolutely the right thing to do for all children and young adults. If your child has received vaccinations at any place other than our office, you must provide us with proof of vaccination. If you should absolutely refuse to vaccinate your child, we will ask you to find another health care provider who shares your views. We do not keep a list of, nor do we recommend any such provider. We reserve the right to not see your child as a patient in our office if you choose to not vaccinate. Please recognize that by not vaccinating you are putting your child at unnecessary risk for life-threatening illness, disability, and even death.

* We strongly believe in the effectiveness of vaccines to prevent serious illness and to save lives. We strongly believe in the safety of our vaccines. We strongly believe that all children and young adults should receive all of the recommended vaccines according to the schedule published by the [Centers for Disease Control and Prevention (CDC)](https://www.cdc.gov/vaccines/) and the [American Academy of Pediatrics (AAP)](https://www.aap.org/en/patient-care/immunizations/?).
* We strongly believe, based on all available literature, evidence, and current studies, that vaccines do not cause autism or other developmental disabilities. We strongly believe that thimerosal, a preservative that has been in vaccines for decades and remains in some vaccines, does not cause autism or other developmental disabilities.
* We strongly believe that vaccinating children and young adults may be the single most important health-promoting intervention we perform as health care providers, and that you can perform as parents/caregivers. The recommended vaccines and their schedule given are the results of years and years of scientific study and data gathering on millions of children by thousands of our brightest scientists and physicians.

The vaccine campaign is truly a victim of its own success. It is precisely because vaccines are so effective at preventing illness that we are even discussing whether they should be given. Because of vaccines, many of you have never seen a child with polio, tetanus, whooping cough, bacterial meningitis or even chickenpox, or known a friend or family member whose child died of one of these diseases. Such success can make us complacent or even lazy about vaccinating. But such an attitude, if it becomes widespread, can only lead to tragic results.  
  
Over the past several years, many people in Europe have chosen not to vaccinate their children with the MMR vaccine after publication of an unfounded suspicion (later retracted) that the vaccine caused autism. As a result of under immunization, there have been small outbreaks of measles and several deaths from complications of measles in Europe over the past several years.  
  
We are making you aware of these facts not to scare you or coerce you, but to emphasize the importance of vaccinating your child. We recognize that the choice may be a very emotional one for some parents. We will do everything we can to convince you that vaccinating according to the schedule is the right thing to do.

**Printed name of Parent/Legal Guardian**

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**Signature of Parent/Legal Guardian DATE**

**HIPPA-PRIVACY POLICY**

**REVISED 01/01/2023**

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Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_I have read or have access to read the privacy policy for North Pediatrics

Initial

**CONSENT FOR TREATMENT OF A MINOR**

In accordance with Texas Law, North Pediatrics will not provide healthcare to minors (under the age of 18) unless they are accompanied by a parent/legal guardian (above the age of 18), have a parent/legal guardians written consent, or provide a way for North Pediatrics to contact the parent/legal guardian (unless under special conditions as listed below). North Pediatrics **WILL** provide healthcare to a minor without consultation with the parent/legal guardian if any of the following conditions exist:

* Child abuse (emotional, physical, sexual) is suspected.
* The adolescent is seeking treatment for drug and/or alcohol abuse.
* The adolescent is seeking treatment for sexually transmitted diseases.
* Suicidal ideations
* Immunizations to prevent the spread of sexually transmitted diseases.

If the parent/legal guardian having the right to consent cannot be contacted, the following persons listed below may consent to medical treatment unless parent has given notice to the contrary: Relative: Grandparents, Adult Siblings, Aunt, or Uncle.

No one else can consent to the treatment of a minor without written consent of the parent/legal guardian. This includes schools, any other adult, or any court not having jurisdiction over the child.

In Texas, a patient is considered a “MINOR” if he/she is under the age of 18 years, has never been married, or has not been declared a legally emancipated minor.

If you have any questions, please call the Texas Department of Health at 512-458-7111 ext 2021

PARENT/LEGAL GUARDIAN CONSENT FOR TREATMENT OF A MINOR

I give my written consent for the following people to accompany my child to North Pediatrics for medical treatment in my absence:

**NAME: RELATIONSHIP PHONE#**

**PRINTED NAME OF PARENT/LEGAL GUARDIAN**

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**SIGNATURE OF PARENT/LEGAL GUARDIAN DATE**