

BAY AREA PEDIATRICS FINANCIAL POLICY

As a patient you have certain responsibilities for your care. Those responsibilities include, but are not limited to:

- Providing current, accurate billing information at all visits including a copy of insurance card
- Providing physician with complete medical history
- Being aware of your insurance coverage, including which benefits are and which are not covered

Copays must be paid at the time of the visit. Failure to do so may result in an additional fee.

Failure to cancel an appointment at least 24 hours in advance, as well as missed appointments, may result in a “No Show” fee as follows: sick/recheck appointments \$25.00; well visits and medication appointments \$50.00.

There will be a \$35.00 fee for returned checks.

You hereby authorize treatment by Bay Area Pediatrics, LLC, and agree to pay all fees and charges for such treatment. You authorize the release of any pertinent information to your insurance company and any other doctors involved in your care.

You hereby authorize your insurance benefits to be paid directly to Bay Area Pediatrics, LLC. You agree to be financially responsible for any balance due.

You agree to reimburse Bay Area Pediatrics, LLC, the fees of any collection agency, which may be based on a percentage at a maximum of 35% of the debt, and all costs, and expenses, including reasonable attorney’s fees, we incur in such collection efforts.

Your signature acknowledges understanding and consent to all the above information.

Signature _____
Patient or Parent/Guardian if signing for minor

Date _____



BAY AREA PEDIATRICS

ENROLLING YOUR NEWBORN ON INSURANCE

The providers and staff of Bay Area Pediatrics would like to congratulate you on the new addition to your family! Thank you for choosing us as the healthcare providers for your newborn. We look forward to addressing all of their healthcare needs.

During the registration process, we would like to bring to your attention that it is very important to enroll your newborn on your insurance as soon as possible. Some insurance companies only allow 30 days for this to take place and may deny a claim for your newborn if they feel they were not properly notified. Unfortunately, we have seen several instances where parents have forgotten to add their newborn to their insurance and thus are faced with paying a substantial bill.

If you miss the deadline to enroll your newborn it may be extremely difficult, if not impossible, to enroll your baby under your plan until your insurance plan's next annual enrollment period. Therefore, at the time of your baby's 2-month physical examination, you **MUST** have proof that you've added your baby to your policy. **THIS ID card MUST** be presented at your baby's 2-month physical exam.

If you do not have this ID card, we will ask you to reschedule or remit payment at the time of service. Having the ID card as proof of coverage is the best way for you to ensure that your insurance will pay your baby's exam and vital immunizations.

This policy is to protect you from the financial hardship associated with the costly vaccines given at this visit.

Thank you in advance for your cooperation and we look forward to caring for your family.

Child's Name _____
Last Name *First Name* *MI* *Date of Birth* _____

Parent/Guardian's Signature _____
Date _____

BAY AREA PEDIATRICS

Acknowledgment of HIPAA Privacy Practices



PLEASE READ CAREFULLY BEFORE SIGNING

I understand that the patient's health information is private and confidential. I understand that Bay Area Pediatrics works very hard to protect the patient's privacy and preserve the confidentiality of the patient's personal health information.

I understand that Bay Area Pediatrics may use and disclose the patient's personal health information to help provide health care to the patient, to handle billing and payment, and to take care of other health care operations.

Bay Area Pediatrics has a detailed document called the "Notice of Privacy Practices". It contains more information about the policies and practices protecting the patient's privacy. I understand that I have the right to read the "Notice" before signing this Acknowledgment.

Within this Notice of Privacy Practices is contained a complete description of my privacy/confidentiality rights. These rights include, but aren't limited to, access to my medical records; restrictions on certain uses; receiving an accounting of disclosures as required by law; and requesting communication be by specified methods of communications or alternative location. This Notice of Privacy Practices may be updated periodically.

SIGNATURE: _____ DATE: _____
(Patient or Responsible Party, if patient is a minor)

Print Patient Name: _____ Patient DOB: _____

Print Patient Name: _____ Patient DOB: _____

Print Patient Name: _____ Patient DOB: _____

Print Patient Name: _____ Patient DOB: _____

Print Patient Name: _____ Patient DOB: _____

Print Patient Name: _____ Patient DOB: _____

BAY AREA PEDIATRICS
Parent/Guardian Consent for Medical Treatment

Child's Information

Child's Name

Date of Birth

Child's Name

Date of Birth

Child's Name

Date of Birth

Child's Name

Date of Birth

Child's Name

Date of Birth

Child's Name

Date of Birth

Caregiver's Information

Caregiver's Name

Phone Number

Caregiver's Name

Phone Number

Caregiver's Name

Phone Number

The above name caregiver(s) shall be authorized to consent for all medical treatment, medical procedures and diagnostic testing, etc., for the above-named child(ren), which may be required during my absence.

If circumstances permit, please attempt to contact me at the following number: _____

This consent serves as permission for treatment by Bay Area Pediatrics. NOTE: Consents are NOT required in emergency situations. This authorization shall be effective until: (circle one of the following)

- a) _____ b) unless earlier revoked by me
month, day, year

Signature

Parent/Guardian (circle one)

Date

Parent/Guardian (circle one)

Date

Patient Portal Registration



Parent

Name (first): _____
Name (last): _____
Email: _____
Phone: _____

Children

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What is My Kid's Chart?

Our patients can securely access their personal medical record online, from the privacy of their home or any other location with an internet connection utilizing the My Kid's Chart patient portal. Bay Area Pediatrics remains an independent private pediatric practice, but we have partnered with My Kid's Chart to utilize the patient portal system.

- My Kid's Chart members can:
- Go online to view their current health issues
 - View details of past appointments
 - Request renewals of prescriptions
 - Check results of lab and imaging tests
 - Send questions or requests to our Bay Area Pediatrics team