



Sierra Pacific Pediatric Associates
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OFFICE POLICIES

Welcome and thank you for choosing Sierra Pacific Pediatric Associates. We appreciate the opportunity to provide your child with the highest quality pediatric care available. Here are some helpful tips for your first visit at Sierra Pacific Pediatrics.

- * Please arrive 30 minutes prior to your scheduled appointment to provide administrative time to update your registration information prior to seeing the physician.
- *Remember that a parent, legal guardian, or consent proxy must be present with the child at all office visits.
- *Bring all insurance cards that provide coverage for your child
- *Present a picture ID (driver's license) for verification of identity.
- *Bring your child immunization record
- *Co-payments and deposits for Deductible are collected upon arrival.
- *All form that require physician signature require 48 hours to be completed

PATIENT RIGHTS AND RESPONSIBILITIES:

Our goal is to provide you with the utmost professional medical care available. To do this we need to establish a relationship with you as the parent that allows open communication between you and the pediatrician. Both you and your child 's pediatrician have certain responsibilities to ensure proper medical care.

- *Sierra Pacific Pediatrics can treat your child until his/her 18th birthday and completion of High School.
- *Treatment plans, prognosis, and diagnoses will be explained to you at each visit.
- *You will be able to reach a pediatrician for emergencies when the office is closed.
- *Your child's medical record will be kept confidential.
- *If you do not understand your billing statement, it will be explained to you by an assigned employee.
- *Non emergent matters that require to speak to a physician will require an office visit.
- *Abnormal labs that required a new plan of treatment and further discussion with a physician will require an office follow up visit.
- * You are responsible to make co-payments at the time of service in accordance with your insurance contract. If you have no insurance, payment in full is your responsibility at the time of service.
- *You are responsible to know your insurance benefits.
- *You are responsible to give an accurate medical history and inform the pediatrician of any changes.
- *You are responsible to be compliant with treatment plans.
- *You are responsible to update demographics.
- * You are responsible to inform us as soon as possible if your insurance carrier changes and provide us with a copy of your new card.
- *You have the right to refuse treatment

DIVORCE PARENTS POLICY:

We understand that a divorce is a difficult time for the entire family. Divorce conflict is between the parents, Sierra Pacific Pediatrics Associates pediatricians will not get involved in any custodial, separation, or financial disputes. Our pediatricians are here to provide medical care to your child only. Any disputes and disagreements must be worked out between yourselves. If both parents are not present for the visit, we ask that you please communicate with each other, our pediatricians are extremely busy and cannot get involved in any disagreements between parents. In addition if there is a court order, a copy must be provided to us. Parent bringing child in for treatments ARE responsible for payment.



PREVENTIVE SERVICES VACCINE POLICY:

We recommend that all parents follow the (American Academy of Pediatrics) and (Center of Disease Control) vaccine schedule. Every insurance contract is different, some follow the AAP & CDC vaccine schedule some plans don't . For parents that like to split vaccines, we will be happy to accommodate your request, however please understand this may be more costly to you since it's required for a doctor to see the child every time. If your plan follows the AAP & CDC vaccine schedule, you may end up paying out of pocket since you've exhausted your maximum allowed amount of well visits.

NO SHOW POLICY

We would like to provide you with outstanding service. This however requires your cooperation. Sierra Pacific Pediatrics will make appointment reminder calls as a courtesy to our patients. Please note that it is your responsibility to provide our office with accurate and most current contact information to be reached. If you are unable to keep a scheduled appointment, please call our office at least **24 hours in advanced to cancel or reschedule your appointment.**

If you fail to keep an appointment you are considered a **"No Show."** After the third time a \$25.00 no show charge will be billed directly to you. Since this is not covered by any insurance plan, you will be responsible for payment.

MEDICATION REFILLS:

For ADHD medication refill, please call our office during normal business hours to request the refill. Please allow 48 hours to accommodate your request. If your child's prescription is running low, please do not wait until the weekend or until the medication has completely run out. For all other ongoing medications, please submit request for refills to your pharmacy.

TEENAGERS and PRIVACY:

Beginning at age 18, a patient can make his or her own decision regarding medical care treatment including immunizations. There are a few exceptions where a teenager under 18 years of age can consent for treatment for themselves. These include a teenager who is 15 years of age or older who lives apart from his or her parents and is managing their own financial affairs, or a teenager who is married." This is an emancipated minor". Also, a physician may legally provide birth control services, confidential diagnosis and treatment of sexually transmitted infections, and confidential treatment for drug addiction or abuse at the request of a teenage patient without the consent of a parent. If the teenager wishes or agrees, the parent or guardian may be asked to wait in the waiting room while the teenager is speaking with the provider in private or being examined. Anything discussed with the provider in private shall remain that way unless the provider is required to discuss information with others in order to keep the teenager safe (eg- the teenager is actively suicidal and needs immediate care to remain safe).

Signature: _____

Date: _____