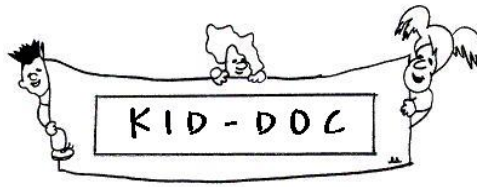


PEDIATRICS

Dr. Shahzad A. Sheikh, MD, FAAP
Pediatric and Adolescent Medicine

Notice of Privacy Practices (Use and Disclosure of Protected Health Information) and Financial Policy



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OFFICE FINANCIAL POLICY

PAYMENTS

Payment, including co-payments, are due at the time of service. Insurance companies require us to collect your co-pay for every visit. For those with insurance, please remember to bring your insurance card with you and let us know of any changes BEFORE your visit. We want your child to receive the health care that they need and deserve. We can serve you better if you know and understand your insurance coverage. Please understand that it is YOUR insurance. We will do our part in filing the claims properly; but you are financially responsible for what your insurance does not cover. The responsibility for payment for services for any dependent children whose parents are divorced, rests with the parent who seeks treatment. Any court order responsibility judgement must be determined between the individuals without the inclusion of our office.

INSURANCE

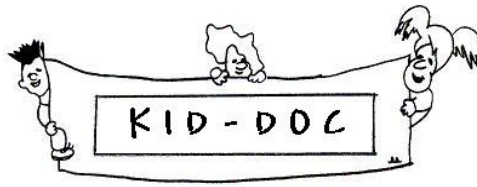
Insurances have multiple plans that vary with employer group contacts. Please read your policy so that you know what your benefits do and do not cover. Do not assume anything. In the managed care system, we are contractually required to collect from you what is not covered by your co-pay, deductible and/or exclusions (these are services not considered as benefits of your particular plan). It is your responsibility to know and understand your coverage for both medical and prescription. All payments and adjustments are made when an Explanation of Benefits (EOB) is received by insurance. If there is a credit due to the account, it is then applied and any balances/fees outstanding or due from the patient will be deducted from that sum. There will be no reimbursement until there is no activity on the account for a 12-month period or unless the dollar amount owed is greater than \$200.

APPOINTMENTS

We are here to serve you and your family and we appreciate the trust in us that you show by scheduling an appointment. When you do schedule an appointment, that time is set aside for you and your child. If, for any reason, you cannot make the appointment, we ask that you please call and cancel so that we can make that time slot available for another patient. For canceling or re-scheduling visits we ask for at least 24-hour notice. Our policy is that we reserve the right to charge a \$25 fee for missed appointments without notification. Our office will attempt to remind you of your appointment; however, the responsibility is yours. This charge is not covered by your insurance. Three or more missed appointments may result in discharge from the practice.

BILLS

We appreciate payment at the time of service. Any returned checks will accrue a \$25 charge added on to the balance due. A monthly charge of \$5 may be added to any balances past due until the balance is cleared. Other fees may also accumulate should the balance remain outstanding for greater than 90 days. If it becomes necessary to forward your account to a collection agency or take legal action, any cost of collections and/or legal action will be added to the balance due. We will do our utmost best in order to help you



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with your payments. We have special arrangements we can make, please ask staff how to proceed with this option

HARDSHIP

We DO care and we DO understand that financial difficulties can arise. If you are facing financial difficulties, please call the billing office to make special arrangements. Do not just ignore your responsibility or fail to inform our office. If you do not communicate with us, we cannot help.

FORM FEES/LATE FEES

SCHOOL FORMS - IMMUNIZATION RECORDS - RECORDS - FAXES

We receive many requests for records and forms to be completed, mailed, faxed or picked up. We are here to help with these needs. There will be no charge on forms or immunization records at time of service (2-page limit).

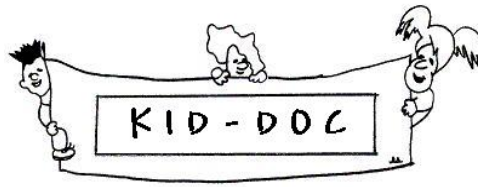
If you are mailing/calling/faxing for forms or records, then we ask that you please call us in advance, as it can take up to 5 business days for completion. Please note that there is a nominal charge for this service, as it requires the staff to pull the patient's chart, review the request, prepare the form and transmit the information. Your insurance company does not pay for these services, they are your responsibility.

Paperwork fees:

1. School / Camp /Sports Physical Forms	\$10.00
2. Immunization Record/Fax	5.00
3. Daycare Medication forms	5.00
4. Billing forms	5.00
5. Computer chart summary*	25.00
6. Medical Records/chart copy* pages \$0.10 each)	25.00 (First 20 pages, subsequent
7. URGENT status	30.00
8. FMLA/ HR forms	20.00

Billing - Late / Collection fees:

1. Returned checks	\$25.00
2. 30 Day late fee	10.00
3. 60 Day late fee	10.00
4. 90 Day late fee	10.00
5. Missed appointment	25.00



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These fees cover our expenses for delivering the service. **Remember that all of these services are included with an office visit, if requested during the office visit for that child, except the ones that have a (*).**