

## 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 (drivers license) for verification of identity.
- \*Bring your child immunization record
- \*Co-payments and deposits for Deductible are collected upon arrival.
- \*All forms 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.
- \*You have the right to refuse treatment
- \*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 .
- \*inform us as soon as possible if your insurance carrier changes and provide us with a copy of your new card.

## 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 copy must be provided to us. Parent bringing child in for treatment is 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 costly to you. 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: \_\_\_\_\_

## FINANCIAL POLICY

Thank you for choosing Sierra Pacific Pediatric Associates as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment.

The following is a statement of our financial policy. We require that you sign and acknowledge of receiving this policy.

Your health insurance policy is a contract between you and the insurance company. Out of courtesy we will verify your benefits. We will attempt to bill your primary insurance company for all services rendered in our office. **Any denied services are patients responsibility.**

### CO-PAYMENT:

Co- Payment for services, in accordance with your insurance benefits, is due at the time of service.

### DEDUCTIBLE & COINSURANCE:

Our office requires a deposit for unsatisfied deductible and coinsurance, \$85.00 ( for sick visits) \$125.00 or greater (for preventive services) **Please note this only applies to patients with deductibles.**

### REMAINING BALANCE AFTER YOUR INSURANCE COMPANY HAS PAID:

Sierra Pacific Pediatrics will submit a claim to your primary health insurance company for services provided. Any balance remaining following adjudication of the claim is your responsibility. This balance may include deductible not covered by deposit collected or coinsurance and any charges not covered by your insurance company. Payment for this balance is due upon receipt of your billing statement.

### COVERED CALIFORNIA AND MARKET PLACE ENROLLES:

Premiums must be current at the time of service.

### DIVORCED PARENTS:

Sierra Pacific Pediatrics will not get involved in custodial, separation or financial disputes. The parent bringing the child in for services is responsible for payment. We will be happy to furnish you receipts so that you may be reimbursed.

### DELINQUENT BALANCE:

Every attempt is made to ensure your account responsibility does not become delinquent. Your account will be considered delinquent at 90 days from date of service. Payments plans can be arranged with our billing department. Balances that are not reconciled within 6 months will be referred to outside collection agency.

### OUTSIDE COLLECTIONS:

If collection outside of this office becomes necessary, you will be charged a processing fee and your patient relationship with the provider may be terminated.

### BANKRUPTCY:

Those who file for bankruptcy and add Sierra Pacific Pediatric Associates to the dismissal debt will be discharged from our office.

### AFTER HOURS TELEPHONE CALLS:

We will bill according to insurance guidelines for calls to the on call physician. Benefits related to this service vary by insurance company. **We will not bill for calls related to follow up questions from office visits from previous seven days, for calls that lead to an emergency visit, or for calls that lead to an office visit to your pediatrician the following business day.**

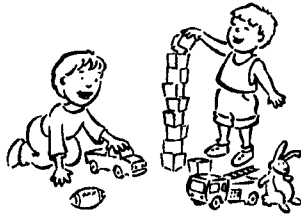
### ADDITIONAL FEES:

Co-payments not paid on day of service	\$15
Returned Checks	\$25
Invoice more than 60 Days past due	\$30
Immunization record	\$5
Copy of records	\$15 + .25 per page
After hours telephone consults	\$25 to \$35 depending on severity

**WE ACCEPT CASH, AND MOST BANK CARDS FOR DEBIT, CREDIT, HEALTH SAVINGS AND FLEXIBLE SPENDING ACCOUNTS**

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_



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### Well-Child Service Policy

Good health care for newborns, infants, children, and adolescents begins with the well-child visit (checkup) and other services that help keep children healthy. **"These are the following preventive services". Assessing Growth and Nutrition; Sexual Maturity Stages; In-toeing and Out toeing; and Spine, Blood Pressure, Anemia, Cholesterol, Urine, Hearing & Vision screening .** Preventive medicine is a service without a sign, symptom, condition, or illness. Our doctors and staff provide these services based on a plan called Bright Futures. The American Academy of Pediatrics (AAP) made this plan to help doctors and families know what preventive service children should receive from birth to 21 years of age, such as screening tests, and advise about staying healthy and safe. This plan can be altered to suit each child as needed. We also follow the AAP vaccine schedule for newborns, infants, children and adolescents.

Because preventive service are important to keeping children healthy, the Patient Protection and Affordable Care Act (health reform law) includes a rule that all preventive care screening and services included in the Bright Futures plan and vaccine schedule must be covered by most plans. **This is not always true, though, as some older plans, called grandfather plans, do not have to pay in full for preventive services.**

**There may also be times when a child needs a service that is not considered preventive on the same day as a well-child visit. If the child is not well or a problem is found or needs to be addressed during the checkup, the physician may need to provide an additional office visit. If you have a co-payment or coinsurance or deductible, amounts that you must pay before your health plans pays for these services, our office will charge you these amounts. \_\_\_\_\_ Initials.**

We value your time and want to make the most of each appointment for the child. This is why we will address any problem that needs a doctor's care during well- child visits so that only one trip is needed. Some services that may be provided and **billed in addition to** preventive services include

**The doctor's work to address more than a minor problem which will be billed as an office visit, (eg, if the doctor gives a prescription, order tests, or change care for known problem**

**Medical treatments (eg, breathing treatments)**

**Any surgery (eg, removing splinters or something the child put in his or her nose or ear)**

**Test performed in the office that is not included in the Bright Futures plan**

Our office does not want you to be surprised by a bill but must always bill your health plan based on the actual services provided. Please feel free to ask questions about services that may not be paid in full by your health plan on the day of your visit. It is our pleasure to help.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

## **What's the difference between a sick and a well visit?**

Sick visits are focused on symptoms and ailments. These would include coughing, sore throats, asthma attacks, stomach aches, and headaches. Well visits are examinations of the whole body. This includes

Height/weight  
Blood pressure  
Hearing/Vision  
Anemia, cholesterol, and urine screens  
Vaccinations

When is a well visit also considered a sick visit? AKA why did I get charged an extra fee?

No one likes extra fees! That's why here at Sierra Pacific Pediatric Associates we do not charge additional fees for filling out physical forms. However there are times an insurance company may ask for an additional fee, usually if during a well visit there is a problem considered outside the regular physical. Although there is no knowing exactly when an insurance company will consider a visit both a well and a sick visit, usually the difference is the documentation. Problems that don't require any documentation or follow up in general are considered part of a well visit, whereas symptoms that require follow up, referrals, and most prescriptions generally are considered separate.

Example 1: a baby is seen for vaccines and we advise using barrier creams such as Desitin for diaper rash. As there is no need for additional documentation or follow up the insurance company will likely consider this incidental to the well visit.

Example 2: a baby seen for vaccines has a persistent diaper rash that has not gotten better with standard barrier creams and anti fungals. The child is diagnosed with Acrodermatitis Enteropathica, and prescribed Oral Zinc drops. This added documentation will likely be considered separate by your insurance company.

Hey Doc, can I ask a question about my other child?

Absolutely! And for problems that do not require any documentation or follow up we will not need to check you in. But please also bear in mind that if we do not need any documentation we also will not be able to follow up on these problems if you have questions in the future. If it wasn't documented, it didn't happen, for good and for bad!

Hey Doc, can I have you take a look at my other child!

Absolutely! Although looking at another child we often will need to document what we see, and for most insurances this may entail a visit.

*Email disclaimer: A Patient Guide to E-mail Communication*

*What should I know about e-mail communication?*

E-mail is fast, convenient, and efficient. E-mail works well for many non-urgent questions, requests or messages you may have for your doctor. The most important thing you should know is that the confidentiality of e-mail exchanges cannot be guaranteed. While the security of e-mail is comparable to other types of communication (such as phone calls), there are some special issues with e-mail:

- If your e-mail address is through your employer, your employer may own all e-mails sent to that address.
- If your e-mail address is a family address, other family members may see your messages.
- If you use an internet service provider, there is a small risk that messages may be intercepted by others ("hackers").

You should also know that e-mail you send to your doctor may be read by others in the practice.

What types of communication are appropriate for e-mail?

- Prescription refill requests
- Appointment scheduling
- Non-urgent medical advice or follow-up (including some types of test results)
- Billing/insurance questions

The following subjects are never appropriate for e-mail:

- Any urgent medical problem or emergency
- Mental health issues
- Drug and alcohol problems
- HIV and other sexually transmitted diseases

Please keep in mind that although e-mail can be a very effective tool, it is not a substitute for a physical exam or counseling by your doctor.

You can expect a response to your e-mail question or message usually within the next business day. If you do not get a e-mail reply within the expected time, you should assume I did not receive your e-mail. You should then call the practice with your question or request.

1. I have read the information above about e-mail procedures and privacy and have received answers to all of my questions about using e-mail to communicate with the Sierra Pacific Pediatric Associates Medical Office.
2. I understand that any e-mail that I send may be seen by people other than my doctor and that the Internet is not an error free network. I understand that e-mail is never appropriate for urgent or emergency situations.
3. I understand the terms outlined in this notice, and I consent to the use of unsecured e-mail in addition to other methods of communication with Sierra Pacific Pediatric Associates Medical Office.
4. It is my responsibility to notify the Sierra Pacific Pediatric Associates Medical Office in writing if my e-mail address changes.
5. I understand that either I or my doctor may choose to discontinue the use of e-mail communication at any time,