



IPHC Policy Statements: Updated January 2021

No Show / Cancellation Policy:

Patient Name: _____

Our goal is to accommodate all patients' health care needs and schedules. **Therefore, we require a 24-hour notice if you are cancelling an appointment.** If you do not arrive to your appointment it is considered a no show. Any no-shows will be charged a \$25 fee (Medicaid pts are excluded). Our policy includes all children in your family and follows a specific process--we will mail a written warning for 1st and 2nd no shows of any child(ren) and dismissal from practice after 3rd no show (this will include the dismissal of all children in your family). Any new patients who miss/are late to their first appointment will be inactivated and cannot return to the practice.

Late Policy:

If you are late for your well child appointment (defined as ANY TIME after your appointed time), you will be rescheduled in the next available well visit slot which may take several days to weeks. If you are late for a sick visit, we will try to accommodate your child by reappointing in the next time slot, however this will usually require either waiting for a provider or coming back. There may be times when this process is not possible, and you will need to visit Urgent Care or wait until the next day appointment. We reserve the right to dismiss patients from practice for excessive tardiness or no shows. We encourage you to arrive 5-10 minutes prior to your appointed time to allow for check-in and getting settled. Our providers do their best to be punctual. If your provider is delayed, you will be notified at the time of check-in and we will keep you informed and/or offer you the ability to reschedule if we are running behind in an attempt to offer you the same courtesy.

Consent/Care Expectations:

You are expected as a parent to accompany your child to all appointments. In the event of an emergency, you can have another adult individual (i.e., grandparent, nanny) bring your child if you have completed and signed the IPHC Medical Care Authorization form signed by a legal guardian. If a child arrives with a non-parent and no signed consent, the visit will be cancelled.

It is a **requirement** at IPHC that each child receive scheduled well child visits which will aid in the detection of subtle or obvious growth and development issues (i.e., speech delay, gross motor skills, slow growth) therefore we follow the Bright Futures Guidelines for well visits (newborn, 1-2, 4, 6, 9, 12, 15, 18, 24 months, and annually after age 2). If your child has not had regular well child-care, you will be contacted and asked to make an appointment to ensure the assessment of your child. Parents who chose not to follow the standard schedule of well child-care visits may be inactivated and asked to transfer care.

We expect parents to appropriately utilize ER services for emergencies only. If IPHC has appointments available, please do not go to the ER unless it is truly life or limb threatening. If you are unsure, please call and ask to speak to a provider right away.

Behavior/Communication Standards:

We understand your child's needs are a high priority and do our best to provide excellent customer service at IPHC. We expect our clients to communicate to us with respect and courtesy and realize that at times parents can have frustrations that arise. If there is a grievance, you may request to speak to an

3540 S. Poplar St. Ste 202
Denver, CO 80237-1362
IPHCdenver.com
720.442.3615



Integrative Pediatric Health Care

Owner of IPHC. If your behavior is felt to be hostile, threatening, manipulative or bullying (through personal, telephone or online communication), you may be discharged from practice by our Owners.

Financial Policy:

As a courtesy, IPHC will file insurance claims on your behalf (except for health shares) to help you receive the maximum benefits allowed. **It is your responsibility to verify we are in network with your insurance plan prior to your visit and that the insurance is active and eligible on the date of service-- we cannot do this for you.** This can be accomplished by using the Provider Finder tool on the insurance company website or calling their Customer Service phone number. Prior to the visit, is your responsibility to provide complete and accurate insurance information. A current insurance card is required for verification, along with photo ID, and credit card on file. **If you do not have insurance, are showing inactive with our eligibility system, or you do not have proof of insurance you will be considered self-pay and your visit fees are due at time of service or the appointment will be cancelled/rescheduled.**

Payment for health care services is your responsibility. If your insurance company does not pay or does not cover the services provided for your child, you will be held liable for those fees. **Credit cards on file will be used for co-pays (unless you pay cash/check) and any balance not paid 30 days after the first statement.** Please determine the extent of coverage and potential for personal liability before we provide services to you. We are happy to provide an estimate of cost upon request.

Co-payments must be made on date of service upon check-in by IPHC staff via cash, check or credit card. No post-dated checks will be accepted. For all returned checks there will be a \$40.00 return check fee. **Co-payments cannot be waived**, and there will be a \$15 charge for non-payment of co-pays or self pays on the day of service.

Statements are sent via mail or email every month, and **payment is due upon receipt.** IPHC can accommodate payment plans upon request if the account is not delinquent. **For patient account balances that are greater than 90 days old, the balance will be sent to collections and a 25% fee added, and your child may be dismissed from practice which is a final decision. If you are sent to collections, the balance becomes due in full. It is your responsibility to keep an updated address, email, and contact information on file with us.** If your account is placed for collection with an agency for non-payment, the undersigned Responsible Party agrees to pay all costs of collections including, but not limited to, court costs, reasonable costs of collection charged by the agency, and reasonable attorney fees, as permitted by statute or court judgement.

Newborns planning on commercial insurance (i.e. BCBS, Aetna, Cigna) must be added to your policy within 30 days (the mother's policy does not pay for the newborn visits). If by 30 days there is no proof of insurance, you will be considered self-pay and balances will be due in full. Medicaid patients cannot be billed self-pay and are encouraged to add the child **IMMEDIATELY.** Therefore, newborns without a Medicaid number by 2 weeks of age will not be scheduled until the child is active and verifiable in the web portal. This is to prevent IPHC from being held responsible for visits charges in the event the child is not enrolled in Medicaid or is enrolled in Denver Health Medicaid which provides payment only to Denver Health.



Electronic Medical Records:

IPHC supports the secure electronic exchange of health information to improve the quality of your health care experience. We participate in Colorado Regional Health Information Organization (CORHIO), Colorado Immunization Information System (CIIS), as well as insurance, pharmacy and lab clearinghouses. Using Health Information Exchange (HIE) networks helps us to more effectively and efficiently share information about your medical care with other providers that participate in the network. The HIE enables emergency personnel and others to have access to your medical data that may be critical for your care. Making your health information available to other health care providers can potentially reduce your cost by eliminating unnecessary duplication of test and procedures. You may, however, choose to opt-out of participation in the HIE, or cancel an opt-out choice at any time. Please speak with one of our staff members if you choose to opt-out. It is an expectation of the practice that you sign up and maintain a portal account to ensure secure communication about your child and the visits at IPHC. Please do not send HIPPA sensitive information about your child through the email at IPHC as this is not a secure system.

Please sign the “authorized signature line” on IPHC Patient Information sheet for acknowledgement of policy statements. Please let us know if you have any questions.

Authorized signature: _____ **Date:** _____