

Pediatric Associates of Austin, P.A.

Benefits of Joining our Practice

March 1, 2018 – February 28, 2019

Open Saturday and Sunday mornings for urgent care appointments.

All vaccines and other injectable medications are administered by **pediatric nurses**; not medical assistants trained to give injections.

E-Prescribing to your pharmacy both new and refilled prescriptions when appropriate so medication may be ready when you arrive there.

No charge for completion of forms for child care centers, schools, sports and camps.

Our own **full-service website** with American Academy of Pediatrics approved medical information.

Breast feeding support to get our babies off to a great start in life.

In-house lab and x-ray is available at your convenience with “while you wait” results. Every time your doctor makes the correct diagnosis the first time because the lab and x-ray are right here, you pay only one co-pay.

Finger-stick technology used whenever possible—outside labs such as Clinical Pathology labs do not use finger-stick technology but rather collect blood by venipuncture (out of the arm).

Ability to **e-mail our office staff** for appointment requests, for questions about insurance and billing, to send in school and camp forms and have us send them back to you.

Our own pediatric nurses available 24 hours a day, 7 days a week including all holidays. Advice given during regular business hours for free and available after hours for a \$25.00 fee. As always, the on-call physician supports them.

Our On-call team will minimize unnecessary visits to the emergency room or urgent care center where they do not know your children or their medical information. This can save you hundreds of dollars on unnecessary high copayments and facility fees.

Documenting with an electronic health record system that is designed specifically for the practice of pediatrics.

**Our goal is to provide comprehensive, high quality medical care to your family.
We are honored to be your family’s medical home!**

I want to maintain a relationship with my pediatrician’s office and understand that in order to prevent services from being reduced or eliminated, an annual value-added service fee will be charged. I agree and accept the annual fee for these value-added services. These services are not covered or required under my managed care plan. If you are experiencing a financial hardship, we will work with you so you can remain in our practice.

The annual fee is:

| | <u>Fee</u> | <u>Discounted if paid by 4-1-18 – in addition, the family will receive one waived convenience fee at our After Hours Kids Clinic</u> |
|--------------------|------------|--|
| 1 Child | \$115.00 | \$103.50 |
| 2 Children | \$220.00 | \$198.00 |
| 3 or More Children | \$250.00 | \$225.00 |

Print Name: _____

Email: _____

Signature: _____

Enclosed is my payment of \$ _____

Please list your child/children below. (use back if needed)

Child’s Name: _____

Date of Birth: _____

Child’s Name: _____

Date of Birth: _____

To pay by phone, call 512-814-1600. To pay by mail, send to: 1500 W. 38th Street, Suite 20, Austin, TX 78731

Payments may be spread over a three-month period. Please complete the partial payment form, if you choose this option.

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Who is your preferred doctor? Please circle: Griggs, Mirrop, Hargrave, Gonzalez, Loomis, Mowry or Sanford

Credit Card # _____ Exp. ____/____ Visa , M/C , Discover

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