



Office Policies

Please initial or sign each section to indicate that you have read and understand the policy.

After Hours Care

Redwood Pediatrics providers are available to our patients 24 hours a day, 7 days a week, 365 days a year. We will always be here to answer your questions or concerns and give you the caring, knowledgeable and personal attention your child deserves. After-hours calls to our providers may be charged a fee of \$25, however most concerns can be addressed in a short amount of time and do not generate a charge. We ask that you call and discuss your child's condition with a provider prior to utilizing an urgent care setting as many illnesses can be cared for at home or wait until the office is open.

No-Show Policy

We understand that life events are unexpected and sometimes unpreventable, and we will work with you in these situations to do the right thing. However, failing to come to a scheduled appointment denies another patient the opportunity to be seen. Families who no-show multiple times may be charged a fee of \$50 which must be paid before your child may be seen in our office again. _____

Late Policy

In an effort to respect and value our patient's time and keep wait times down: If you are more than 10 minutes late for your child's scheduled appointment, you may be asked to reschedule to another day or consent to a shorter visit time. _____

Well Visit Screenings

Our providers believe that hearing and vision screening are an important part of determining your child's ability to interact with his or her environment. In addition, the vision screening device used by Redwood Pediatrics can detect several childhood eye abnormalities and diseases. Some of these well child screenings are not covered by insurance or are passed on to you as deductible or co-insurance costs. If your insurance company passes the charge along to you, you agree to be billed up to \$20 for a vision screen and \$25 for a hearing screen. You have the option to decline these screenings. _____

Well vs. Problem Visits

Annual well visits give our providers the chance to assess your child's growth and development. Sick visits are intended to address immediate or ongoing problems or concerns with your child's health. We will do our best to address problems during a well visit *if time allows*. When we are able to address problems at a well visit, we are required to code the visit for your insurance company in a way that will likely result in a copay and/or a charge to your deductible or co-insurance. You will be responsible for this charge. It is also possible that your child may be too ill at a well visit in order to participate in a well child assessment. In the event that this occurs, we will change your visit to a sick visit to address the illness and ask that you reschedule your well visit for a later date. _____

Notice of Privacy Practices

We care about protecting the privacy of your child's medical records. By initialing, you acknowledge that you have been offered a copy of the Notice of Privacy Practices for Children's Mercy – Redwood Pediatrics. Should you need to access the Notice of Privacy Practices at a later date, you may request a copy from the front desk or find it on our website. A copy is also located in the waiting room of our office. _____

Health Share Programs

Please note that health share programs typically do not cover the cost of immunizations. For this reason, we refer families with this type of coverage to their county health department to obtain vaccinations. The health department offers vaccines for a lower cost than we are able to charge in our office. Due to unusually slow processing time by many health share companies, we reserve the right to require payment for an office visit at the time of your visit. We will provide a receipt of payment and itemized charges that you may file for reimbursement. _____

Alternate Caregiver Authorization

Minors require the presence of a parent or legal guardian to obtain treatment from Redwood Pediatrics. Please request an Alternate Caregiver Authorization if anyone other than a parent or legal guardian is likely to bring your child to our office for a visit. By initialing, you acknowledge your understanding that a signed form must be on file before another caregiver can obtain care for your child. This form can be found on our website, or you may ask the receptionist for a copy. _____

Financial Policy

You are responsible for knowing your insurance plan and your benefits. High deductible plans result in higher costs for sick visits and these costs are your responsibility. All insurance co-pays (or visit fees for self-pay families) are due and collected at the time of your visit. After charges are processed by your health insurance carrier (if applicable), you will be sent a statement with the amount you are responsible to pay.

It is your responsibility to know what benefits you have through your insurance company and whether Redwood Pediatrics is in network for your plan. It is also your responsibility to know whether there are limits on how many visits you can make in a year or how much time must pass between well visits before they will be covered by your insurance plan. Any visits not covered because of limits to your plan will be your responsibility.

It is your responsibility to know whether your insurance plan requires you to designate a Primary Care Physician (PCP) prior to paying for a well visit. If the charge for a visit is denied because you failed to make the designation prior to your appointment, you are responsible for the cost of the visit.

Accounts with balances owed will be sent a statement every 30 days. If financial hardships arise for your family, we will work with you on an alternative payment plan and try very hard to be sure that we can meet your payment needs in a way that is acceptable to you. However, if your balance remains unpaid after 90 days, your child may not be seen in our office until a payment plan is arranged.

The following services are provided free of charge:

- School, daycare, and sports forms
- Portal access
- Calls to the Redwood nurse triage line (during business hours – after hours calls go to the provider on call)

Please note that FMLA paperwork is a charge of \$25, due to the time-intensive and involved nature of these forms.

By signing below, you give permission to Children's Mercy - Redwood Pediatrics to file claims to your insurance company and allocate all insurance benefits arising from claims to be paid directly to our office. You also accept responsibility for all charges not covered by your insurance plan. If your insurance is invalid or terminated or inactive, you acknowledge that you are fully responsible for all incurred charges for services rendered. Your signature below grants Redwood Pediatrics permission to file an appeal if the insurance company denies or restricts payment.

Signed: _____

Date: _____

Name (Printed): _____

Relationship: _____

Patient Name: _____

DOB: _____