

CLINIC POLICIES

PMG Pediatric Subspecialties is pleased to have been selected to provide you with medical care services. The purpose of this sheet is to provide you with important information regarding confidentiality and responsibility for payment of services.

CONFIDENTIALLY: We respect your right to confidentiality and what you share with us will be kept in strict confidence. By law, we are required to report instances of child abuse or intent to harm yourself or others. Please ask the front desk staff for a release of information if you want us to be able to speak with your family members or other representative about the care of your child.

LATE TO APPOINTMENT: If you are running late to your child's appointment, we ask that you call the clinic and inform us. If you are 10 minutes or more past your appointment time, we will need to reschedule your appointment and the appointment will be marked as No Show.

CANCELLATIONS/NO SHOW: We will make a reminder call one business day prior to each appointment, but the ultimate responsibility for keeping appointments is yours. The physician and patient relationship is important and we request your full participation in your child's care. If you call and cancel your child's appointment less than 24 hours in advance, it will be marked as a NO Show and a new appointment will be schedule. Multiple no shows and cancellations may result in terminations of care from our office.

NEW PATIENT CANCELLATIONS/NO SHOW: You are allowed three cancellations or no shows before your referral is closed, and a new referral will be needed by your child's Primary Care Provider.

FINANCIAL: As a courtesy, we will bill your insurance if you provide an insurance card(s) and/or proof of coverage at the time of service. If you have a change of insurance, please notify us as soon as possible. It remains your responsibility to pay in full any balance not covered by your insurance. If you do not make a payment or financial arrangements to settle your account within thirty (30) days after receiving your statement, you may be sent to collections.

Self-Paying Patients: I understand that I am responsible for my bill and that payment is expected at the time of service unless prior arrangements have been made. Should you need assistance with payments options we can refer you to our financial counselors.

MEDICATION REFILLS: Patients must contact their preferred pharmacy to prescription refills. The pharmacy will obtain refill authorization and notify you when your child's prescription is ready for pickup. Please allow three (3) to five (5) days for a prescription refill authorization. Refills will not be authorized on the weekend or holidays. If your child has not been seen in three months an appointment may be needed for a refill pending the provider's decision. Please call the clinic to make a follow up appointment if one is needed.

DIABETES PATIENT: A requirement for continued care and education for your child is to see a Diabetic Educator at your visit with your child's doctor. We understand that the appointment can be lengthy for our patients care, and we are here to work with you. We offer virtual or in clinic appointments and can get you in touch with the educator often the same day/week either before or after seeing the doctor. Often time, you will meet with the educator more than the doctor and she or he can make numerous adjustments. We understand your time is valuable. Our goal is the care of your child, their diabetes, and the education we provide to their family.

GUARANTEE OF PAYMENT/ASSIGNMENT OF BENEFITS: In order to bill my insurance, I understand insurance will have access to records generated from services provided by PMG Pediatric Subspecialties. I authorize the exchange of information necessary for payment of services. I authorize payment directly to PMG Pediatric Subspecialties for services rendered to the patient regarding an illness and/or treatment. I also understand that I am responsible for any amount not covered or deemed over usual and customary by my insurance carrier or agency.

QUESTIONS: If you have any questions concerning PMG Pediatric Subspecialties Clinic, please contact our office at (907) 212-4824 and we will be happy to assist you.

PMG Pediatric Subspecialties Clinic policies have been reviewed, understood, and agreed to by me.

Patient Name: _____ DOB: _____

Parent/Legal Guardian Name

Parent/Legal Guardian Signature

Date