

RM Pediatrics Consent for Services

Consent to Treat

I consent to and authorize the physician, MA at RM Pediatrics to perform appropriate healthcare examinations, treatment, diagnostic testing or medication administration as deemed medically necessary by their professional judgment. I know that there are some risks with all medical treatments and procedures and I understand that no one can guarantee how well treatments or procedures will work.

Assignment of Benefits/Payment for Services

I authorize payment of any and all benefits to RM Pediatrics. I know that I must pay for any charges for my care that are not covered by my insurance, health plan, or government programs. I realize I must cooperate with RM Pediatrics to get payment for my care.

Release of Information

I consent to and authorize RM Pediatrics to use and disclose my protected health information for: • Treatment

- Payment
- Healthcare Operation Purposes, including care coordination and quality assessment and improvement activities.

Releases for these purposes may be made to insurance companies, health plans, government programs, e-prescriber databases, payer network organizations, including clinically integrated networks and/or accountable care organizations in which my provider participates, and other healthcare providers involved in my care and treatment. Additionally, I consent to and authorize my insurance company to share any of my protected health information for the purposes stated above to RM Pediatrics and/or a clinically integrated network or accountable care organization in which RM Pediatrics participates.

Patient Rights and Privacy Practices

Your signature acknowledges receipt of our Notice of Privacy Practices.

Other Individuals Authorized to Consent to Treatment

In addition to the legal guardians of the patient, the following persons are authorized to consent to recommended medical care for my child: name and relationship to patient

(e.g., grandma, grandpa, daycare provider, etc.):

Name: _____ Relationship to child: _____

- 1.
- 2.
- 3.

My signature here means I have read the information on both sides of this form and understand it. This consent is valid until revoked in writing.

Patient Name: _____ Date of Birth: _____ Date: _____

Signature: _____ Print Name: _____ Relationship to Patient: _____

Parent Email Address: _____

Telephone consent obtained by (Name/Date/Title): _____

Financial Policy

It is the commitment of this office to help keep your health care costs as low as possible. In order to do this, we need to keep our billing costs at a minimum. Please help us in the following ways:

- Always bring your current health insurance card to the office.
- Please notify us immediately of any changes in insurance, address, phone #, etc.
- Please be prepared to pay your co-pay at the time of service; or if you do not have insurance, to pay for your visit in full.
- Please pay your bill in full when you receive your statement or make payment arrangements with the Patient Account Services department. Late or missed payments may be reported to a credit reporting agency. Accounts may be turned over to an outside collection agency. Past due balances will be charged a collection fee as listed below based on the account balance. Parents/Guardians will be responsible for all additional fees and expenses incurred as a result of trying to collect a past due balance. Failure to resolve a collection agency balance may result in termination of care at RM Pediatrics.
The adult accompanying a minor to a visit and/or the legal parents/guardians are responsible for full payment (regardless of insurance coverage) and will be set up as the person who receives the bill (guarantor) and must provide complete demographic information including both parents dates of birth and social security numbers, current

address and telephone numbers. RM Pediatrics will not be involved in negotiating between parents/guardians in disputes. In order to change a guarantor, the person who will receive future bills must complete and sign a Change Of Guarantor Form.

Parents/Guardians are responsible for knowing their insurance benefits. Insurance plans vary considerably and we cannot predict or guarantee what part of our services will or will not be covered by your particular plan. The patient/parent/policyholder is responsible to know the benefits of their health plan. RM Pediatrics cannot change coding in an attempt to obtain payment.

- Hearing and vision exams are often not covered as well as supplies such as crutches, slings, and braces.
- Mental Health benefits are often different than medical benefits. Common conditions such as ADD, ADHD, Developmental Delays, Learning Disorders, Depression, Autism, Anxiety, and others are usually considered under the mental health benefits of an insurance plan. This is especially true for Psychological Testing. Throat culture only and/or Strep test is considered a nurse visit and an office visit charge will apply in addition to the charge of the lab test(s). During a periodic health exam additional tests or procedures may be ordered such as hearing and vision screening, immunizations and laboratory tests. These are each separately charged. According to AMA guidelines, when a patient presents for a periodic health exam with concerns that require evaluation beyond the scope of a routine periodic health examination, the coding must be adjusted to reflect the additional services performed. The coding used to report these services is not covered by insurance carriers as a periodic health exam. These services are subject to any copay, deductible, or policy restriction that may exist. Further definitions of these criteria may be discussed with your physician or nurse practitioner. A clear understanding of our financial policy is an important part of our professional relationship. We are pleased to discuss the financial aspect of your care. Feel free to contact our Patient Account Services department for questions regarding fees, financial responsibilities, or our Financial Policy.