

DEMOGRAPHIC SHEET

The following information is being provided for our office use and will be scanned into your child(ren)'s chart. **Updated information will be requested each year to ensure we have the most current information for you and your child(ren).**

Patient Information

Name _____

Address _____

City _____ State ____ Zip _____

Phone(s) _____

Date of Birth _____ Age ____ Sex _____

Social Security Number _____

Insurance Information

Insurance Company _____

Person Insured _____

Insured's Address _____

Insured's Social Security # _____

COPY OF INSURANCE CARD TAKEN

Insured's Employer

Employer Address _____

City _____ State ____ Zip _____

Phone Number _____

HIPAA/PRIVACY PRACTICE

The Pediatric Associates continues to protect the privacy of our patient's health information and to comply with any regulations regarding the use and disclosure of patient health information. If you ever believe your privacy rights have been violated, you may contact the Office of Civil Rights, U.S. Department of Health and Human Services, 1961 Stout Street – Room 1185 FOB, Denver, CO 80294. No individual will ever be retaliated against for filing a complaint.

Parent/Guarantor/Responsible Party

Name _____

Date of Birth _____ Driver's License # _____

Social Security # _____

Address _____

City _____ State ____ Zip _____

Phone(s) _____

Employer _____

Patient's Parent/Guardian

Name _____

Relationship to Patient _____

Address _____

City _____ State ____ Zip _____

Phone(s) _____

Emergency/Alternate Contact

Name _____

Relationship to Patient _____

Address _____

City _____ State ____ Zip _____

Phone(s) _____

Siblings to Patient

I have received and reviewed the Financial Policy.

I have received and reviewed the information brochure.

I have received and read the above HIPAA/ Privacy Act policy

I certify, to the best of my knowledge, that the above information is correct. I also understand that I am financially responsible for all charges whether or not covered by insurance.

Signature _____

Date _____

Financial Policy for The Pediatric Associates

Payment is expected at the time of service regardless of who brings the child for the appointment. This includes applicable coinsurance and copayments for participating insurance companies. Our office accepts cash, personal checks (in-state only) and most credit cards. There is a \$25 service charge for returned checks.

For patients without insurance or with non-contracted insurance carriers: Please make payment for your care at the time of service. A 20% discount is applied to charges with the exception of injections and immunizations. Please ask if you need a claim form to bill your insurance.

For patients with contracted insurance: Your copay is expected at time of check-in to the office. Failure to pay required copays will result in a \$5.00 late fee to be added to the account and may result in future appointments to be put on hold until the balance is paid in full.

Please understand that your insurance is a contract between you and your insurance carrier. We cannot influence how much of our fees your insurance will cover. Your benefits are determined by the policy you purchased. You will be responsible for any non-covered service or services considered "Not Medically Necessary" by your insurance. If you wish to decline any services, please inform the medical staff at the beginning of your visit.

We will accept your insurance on assignment and bill participating insurance companies as a courtesy to you. You are responsible for providing us with correct information about insurance coverage. If incorrect information is given and claims are denied, you will be billed for the charges incurred. If we have not received payment from your insurance company within 45 days of the date of service, you will be expected to pay the balance in full.

Additional charges that can be incurred are, but not limited to: emergency fit-in appointments, telephone encounter fees and home health oversight & review fees.

All charges incurred are your responsibility and obligation.

Any account with an outstanding balance that is over 45 days old is subject to an 18% interest charge and additional administrative fees until the balance is paid in full.

Administrative fees include:

- Returned check fee \$25.00
- Past due fee \$5.00
- Medical Records copy fee \$16.00 (for the first 10 pages. \$0.25 for each additional page plus postage)
- Collection Account Fee \$15.00
- Interest Fees 18% charge (not A.P.R.)
- Certified Mail Fees – will be determined by postal weight

Your ability to schedule appointments may be suspended if balances remain unpaid.

Name(s) of Patient

Signature of Parent/Guardian

Date

The physicians and staff feel we can better serve your child's health care needs if you are familiar with the following information, policies and procedures:

OFFICE HOURS

The Pediatrics has two locations, the main office in Montrose and a satellite office in Delta. The Practice is open Monday through Friday from 8:00am to 5:00pm, with a walk-in clinic from 8:00am to 9:00am and Saturday (in Montrose) from 8:30am to 12:00pm by appointment only. Our physicians are also available on-call on an emergency basis after hours.

APPOINTMENTS

Our practice prides itself on maintaining a smooth-running and efficient schedule for all our providers and can only maintain that quality with the help of our patient families. If you are unable to keep your appointment, please cancel as far in advance as possible. Other patients can then be booked into the open time slot.

PAYMENT OF SERVICES

Patients are requested to pay at the time the service is rendered, either by cash, check, debit or credit card. Claims will be filed with insurance companies that we are contracted with. Copays are due before services are rendered and can also be taken as cash, check, credit or debit card.

PREVENTATIVE CARE

Preventative care is an important part of health and we recommend that each person have an annual physical. The exam and tests performed during a preventative care visit will be based on the age and gender of the patient. A preventative care visit DOES NOT include being examined and/or treated for any specific problems or conditions that the patient may have. If the physician addresses a problem or condition during the visit, a separate charge will be billed to your insurance company. Your insurance will be billed, but may not cover some services such as, but not limited to, vision, hearing and labs. If you wish to decline any of these services, please inform the medical staff *prior* to the visit.

NEW PATIENT REGISTRATION

New patients making their first visit to the practice are requested to arrive 20 minutes before their scheduled appointment for the purpose of completing all forms required. For your convenience, our practice has a website online where new patient paperwork can be printed and filled out prior to coming to our office. Forms can be completed and faxed, mailed or brought in person. A copy of current insurance information and identification, along with any copays, will be required prior to the visit.

INSURANCE

Please be aware that the copay is part of the contract between you and your insurance company. If you default or fail to pay your copay, we are obligated to inform your insurance. Failure to pay copays and balances may also result in your child's appointments being rescheduled until paid in full. Please contact your insurance company to see if we are contracted with them.

HIPAA/PRIVACY PRACTICES

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CUSTODY ISSUES

If the parents of the minor child are not married to each other or are in the process of dissolving their marriage, the Pediatric Associates will request a copy of the most recent court order or written and signed agreement involving medical decision-making responsibilities for that minor child. If the child is in the custody of a guardian, documentation must be provided to show legal guardianship.

MISSION STATEMENT

The Pediatric Associates are specialists dedicated to enhancing and promoting the unique health needs of all children from infancy to adolescence. By providing compassionate, quality medical care, we are an advocate for the communities of the Uncompahgre Valley and surrounding areas.

For your convenience, you can also join us online for current information, forms to print, and helpful links to other sites of interest. Please go to our website at www.thepediatricassociates.com



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WEBSITE

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