



Pediatric Health  
Associates Ltd.

### **Pediatric Health Associates**

The physicians and staff of Pediatric Health Associates thank you for choosing our practice for the care of your children. Your clear understanding of our payment policy is important to our professional relationship.

We do not routinely provide the patient a copy of the day's charges on the day of service. However, we will give a receipt for any payment made that day. If a copy of the charges for that day's visit is necessary, please ask our receptionist and a copy of the insurance billing will be mailed to you.

#### **Insurance Information**

Please bring your insurance card to each and every visit. We will be happy to file claims to carriers with whom we are contracted. Information that will be required to file your claim include: subscriber's name, birth date, employer, group number and identification number.

#### **Payment Policy**

Co-payments are to be paid at the time of service. There is a \$15.00 fee for any copayment not paid by 11pm on the date that medical services are provided.

Failure to give a minimum of 4 hours' notice to cancel or reschedule an appointment or missing a scheduled appointment will result in a fee of \$35 for check ups and sports physicals and \$25 for all other appointments.

You are responsible for any deductibles or co-insurance balances after your carrier pays their share. Please note, if your insurance carrier does not pay your claim within 60 days, the balance will be your responsibility.

For your convenience, we accept cash, check, Visa, Master Card and Discover.

#### **HMO and PPO Coverage**

We are contracted with most major insurance carriers.

**It is your responsibility to check with your insurance carrier in order to comply with the following:**

- 1) Ensure that our physicians are contracted with your specific plan.
- 2) Inform our office, in writing, of any preferred laboratory required by your carrier.
- 3) Know what services are covered by your plan.

#### **Medicaid Coverage**

Pediatric Health Associates does accept some Medicaid plans. Please ask the receptionist about the specific Managed Care Plans that we accept. Remember to contact Health Choice Illinois at 877.912.1999 and choose one of our physicians as your child's primary care physician (PCP). We are unable to see patients who are assigned to another primary care physician not affiliated with our practice. Any co-payments are to be paid at the time of service.



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**Self Pay**

Patients who do not have health care coverage or who have insurance coverage that Pediatric Health Associates does not have a contract with are required to pay in full at the time of service. We will be happy to furnish you with an insurance form to submit on your own.

**Release of Medical Information and Assignment of Benefits**

I authorized Pediatric Health Associates, Ltd. to release any medical information and copies of any medical records necessary to process a related claim and to request payment of benefits directly to Pediatric Health Associates, Ltd.

I also authorize Pediatric Health Associates, Ltd. to release to my current and former insurance plans and any other treating or consulting physicians, other health care professionals, laboratories, and healthcare facilities, any medical information and copies of any medical records requested by those parties for purposes including but not restricted to: medical consultations and office visits, hospitalizations, lab/medical testing and insurance chart reviews.

Medical information will only be released to the parents/legal guardian of patients 17 years of age and under and directly to patients 18 years of age and older. Medical information will not be released to any other parties, unless legal documentation has been provided to Pediatric Health Associates, Ltd.

**Privacy**

I understand that Pediatric health Associates, Ltd. has a privacy policy that is available for review upon request.

**Consent**

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about your child. You have the right to receive a copy of and review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by asking for an updated copy or contacting the HIPAA compliance officer.

You have the right to request that we restrict how protected health information about your child is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this patient information form, you consent to our use and disclosure of protected health information about your child for treatment, payment and health care operations. By signing this form, you confirm that you have been offered and/or received PHA's Notice of Privacy Practices. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.



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**Immunization Policy**

Immunizations will only be given in the presence of parents/custodial guardians.

Pediatric Health Associates expects a parent/legal guardian to accompany their child to each and every office visit. In the event that is not possible, a written release MUST be provided to PHA. A form containing the required information can be obtained from our receptionist or on our website [www.pedhealth.net](http://www.pedhealth.net) under FORMS. This consent to treat your child is valid for only one date of service. And lastly, we cannot administer vaccinations without your child's previous immunization record.

**I-CARE Registry Information**

The Illinois Department of Public Health requires us to report to the Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE) all immunizations that are given to your child.

**WHY IS I-CARE IMPORTANT?**

- All information in I-CARE is confidential.
- It provides a copy of your child's immunization record when you need it.
- It allows authorized providers of service access to your child's immunization records.
- It helps prevent your child from receiving unnecessary or duplicate immunizations should you not have your paper records available.

Should you choose not to participate in the I-CARE Registry, you may opt out by signing the "opt out" registry form available in our office. You may obtain one simply by requesting it at the front desk