Payment Policy

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: subscribers name, birth date, SSN, employer, group number and identification number.

Payment Policy

Co-payments are to be paid at the time of service. A $15.00 service fee will be charged if not paid by 11 p.m. on the date of your appointment. For your convenience, we accept cash, check, Visa, Master Card and Discover. 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.

No Show Policy

Effective Immediately: A $35.00 service fee will be charged for any missed well check/sports physical appointment and a $25.00 service fee for any other type of appointment that is missed. You may avoid this fee simply by cancelling your appointment minimally 4 hours prior to your scheduled appointment time. A missed appointment is per patient, not per family. Should you miss 4 appointments within 2 years you will be dismissed from the practice.

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 Medicaid. Please contact Illinois Health Connect 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. Co-payments are to be paid at the time of service.

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.

Please talk to our staff to see if you are eligible for the State of Illinois Vaccines for Children program (VFC). The VFC program is a federally funded, state administered program that provides free vaccines to eligible children ages 18 and younger. Patients are only required to pay an administration fee.

Release of Medical Information and Assignment of Benefits

I authorize 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. I also understand that de-identified patient information may be given to researchers that we are working with.

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 the patient information form, you consent to our use and disclosure of protected health information about your child for treatment, payment, health care operations and research initiatives we may be involved in. Your signature confirms 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.

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 under FORMS. This consent to treat your child is valid for only one date of service.

And lastly, please note that we cannot administer vaccinations without your child's previous immunization record.

I-Care Registry

"The Immunization Data Registry Act, 410 ILCS 527, authorizes the Illinois Department of Public Health (IDPH) to develop and maintain an immunization data registry to collect, store, analyze, release and report immunization data. Accordingly, IDPH has established the Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE Registry). Protecting the privacy of clients and the security of the data contained in the I-CARE Registry is a high priority for IDPH.

The information contained in the I-CARE Registry shall only be used for the following purposes:

1. To provide immunization services to the client, including reminder/recall notices.
2. Permit schools to determine the individual immunization status of their students.
3. Eliminate the administration of duplicate immunizations.
4. To provide or facilitate third party payments for immunizations, e.g., medical assistance.
5. To assess immunization coverage rates.
6. To accomplish other public health purposes as determined by IDPH."*

What this means is that your child's immunization data will be electronically transmitted to the I-Care registry whenever immunizations are administered in our office.

Who can access this information?
Health Care providers, local Health Department, elementary or secondary schools, licensed child care centers, licensed child-placing agencies , College or University Illinois Department of Public Health employees and their authorized agents.

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.

*Illinois Department of Public Health - Version 07.25.12