

## OFFICE AND FINANCIAL POLICIES FOR PEDIATRIC ASSOCIATES OF DALLAS

### **Payment is due at the time of service:**

For patients without insurance, payment is due at time of service for both sick and well visits. Copays and balances are expected at time of service. After 90 days, outstanding balances will be referred to a collection process. Contact the business office for any problems with your account.

Should your insurance company deny payment for services performed, it is the insured's responsibility to pursue the issue. Billed services not covered by insurance are the insured's responsibility, including vaccine charges. If correct insurance information is not provided in a timely manner and causes a delay in insurance processing, the patient will be responsible for charges and any previous balances at time of service.

### ***The patient or adult person presenting with the patient is responsible for satisfying the copay.***

Regardless of court decision concerning health care in the case of divorced parents, prompt payment is expected from the presenting parent.

It is the responsible party's responsibility to be familiar with the patient's insurance benefits.

Patient balances should be paid in full or have a payment plan arranged before medical records are sent to another pediatrician's office.

### **General Office Fees:**

- There is a \$25.00 charge for no-shows for Non Routine Appointments and a \$50 charge for Routine appointments not cancelled prior to the scheduled appointment time.
- There is a \$30.00 return check fee, and future payments must be rendered by means other than a check.

### **Clinical Fees:**

- There is a \$20.00 admin fee to process a controlled drug RX outside of an office visit.
- There is a \$20.00 admin fee to re-process a controlled drug RX when it is not filled within the 21 day deadline. The voided prescription must be returned before a new prescription can be given.
- 48 hour prepare time for all RX requests.

### **Medical Record Fees:**

- There is a \$25.00 for the first 20 pages and .50 cents each page thereafter per chart to have it copied. Fee must be paid in advance.
- There is a \$10 form fee per patient for forms completed outside a routine checkup appointment.
- Copy of immunizations are free of charge.

### **Work In, After Hour, and Weekend Visit Fees:**

- There is an additional charge for being worked in the schedule, being seen after hours, or on the weekends. This is a \$28.00 fee billed to the insurance and private pay patients. This fee may be subject to your deductible or coinsurance.

### **After Hours Nurse Advice:**

- There is a \$20.00 fee for all after hour calls.

### **Identity Theft Protection:**

A copy of all parents' drivers' licenses and insurance cards must be kept on file for your protection in compliance with HIPAA and Red-Flag. Verification must be done for all new insurance prior to the visit; give all updates to the scheduler when making your appointment.

All demographic information will be updated annually. It is the patient's or legal guardian's responsibility to inform us of address and telephone number changes. We will need these in written form, therefore arrive 15 minutes early for your appointment when needing to update any information.

### **Office Courtesy:**

An appointment reminder is made two business days in advance as a courtesy only; it is the patient's or legal guardian's responsibility to remember the appointment date and time. If you will be 10 or more minutes late for your appointment, please call as it may be necessary to reschedule your appointment.

Scheduled appointments are for one child only. Do not assume a sibling can be seen at the same time. A call must be made to determine if the doctor's schedule can accommodate an additional child.

### ***All physician office visits are by appointment only.***

Pediatric Associates of Dallas is committed to protecting the privacy of our patients' health information. This notice describes our privacy practices: **Uses and Disclosures for Treatment, Payment, and Health Care Operations Treatment**

# Notice of Privacy Practices Pediatric Associates of Dallas

Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

## **Payment**

Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

## **Healthcare Operations**

Your health information may be used as necessary to support the day-to-day activities and management of Pediatric Associates of Dallas. For example, information on the services you received may be used to support budgeting and financial reporting, as well as activities to evaluate and promote quality. There are some services provided to our organization through contacts with business associates. Examples include auditors and attorneys. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job required and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

## **Uses and Disclosures That Can Be Made Without Your Authorization Law Enforcement**

Your health information may be disclosed to law enforcement or other public agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting (including cases of suspected abuse or neglect of a child or disabled individual).

## **Public Health Reporting and Health Oversight**

Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department. We may also disclose your medical information to report reactions to medications, vaccines, or problems with products. Additionally, your health information may be disclosed to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications, and inspections that are all government activities undertaken to monitor the health care delivery system and evaluate compliance with laws.

## **Notification**

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition with signed consent.

## **Communication with Family**

Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

## **Appointment Reminders and Requests to Contact the Office**

We may contact you via text, e-mail and/or telephone to provide appointment reminders or to request you contact the office unless you request confidential communications as described below.

## **Required by law**

We may release your medical information as otherwise required by law.

## **Other Uses and Disclosures Require Your Authorization**

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

## **Individual Rights**

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment, such as requesting communications by alternative means or at alternative locations
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

As permitted by federal regulation, excluding a request for a copy of this notice, we require that requests related to those rights listed above be submitted in writing. You may obtain the appropriate form by contacting the Receptionist or Privacy Officer. We will notify you in writing if we are unable to honor any request pursuant to the rights listed above. Such circumstances are outlined in the federal privacy standards. For example, a request to inspect or copy your health information would be denied if it is determined that releasing that information could cause substantial harm to you or another person.

## **Duties of Pediatric Associates of Dallas**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

## **Right to Revise Privacy Practices**

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

## **Complaints**

If you would like to submit a complaint about our privacy practices, you can do so by sending a letter outlining your concerns to: **Pediatric Associates of Dallas, Practice Administrator • 7859 Walnut Hill Lane Suite 200 • Dallas, TX 75230 • (214) 369-7661**

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You may also send a written complaint to the United States Department of Health and Human Services. The contact information for the United States Department of Health and Human Services is: **Office for Civil Rights, Region VI • U.S. Department of Health and Human Services • 1301 Young Street, Suite 1169 • Dallas, TX 75202**

You will not be penalized or otherwise subject to retaliation for filing a complaint.

## **Contact Person**

Contact the Office Administrator at the address and telephone number above to submit comments or to obtain further information about our privacy practices.