

## **Bayou Pediatric Associates Private Insurance Financial Agreement, Authorization of Treatment and Policy**

Welcome to Bayou Pediatric Associates, in order for our clinic to operate smoothly we have put into place the following policies.

- You are required to bring your child's insurance card, social security card and immunization record to all visits.
- I authorize treatment of my child/children and agree to pay all fees and charges for such treatment. It is agreed that payments will not be delayed because of any pendency of claim. I understand my benefits and am aware of what are covered and non-covered procedures. Co-payments, percentages and non-covered procedures will be paid at the time of service.
- All insurance companies under contract have agreed to be paid within thirty days of all correct claims. If the insurance company does not hold up to this agreement Bayou Pediatric Associates is no longer bound to the contract and the payment responsibility will shift to the patient. Bayou Pediatric Associates will however, help in resubmitting claims if necessary. Please be aware every six months your insurance company will send a questionnaire regarding your insurance if there is no response to the inquiry claims will not be paid and the patient will become responsible for the balance. During this time your insurance company considers your account to be frozen, any office visits that occur during this time will have to be paid in full by the patient/responsible party.
- In the event you have a private insurance policy and Medicaid we will only file the private insurance policy. Medicaid is never filed as primary when you have a private insurance policy. We do NOT file Medicaid as a secondary. You remain responsible for any co-pays, deductibles or percentages that the primary policy applies.
- We utilize Electronic Health records. You have access to view your child/children's health record. Please visit: <https://bpa.medtonsoftware.com/patientportal/login>; please ask a member of our staff to aid you in creating your user name and password for this website.
- A parent or legal guardian must sign the child's permission form before immunizations can be given. NO EXCEPTIONS!
- We ask that you notify us if you are unable to make your appointment no later than one hour prior to the appointment time. If you are more than twenty minutes late for your appointment the appointment will be considered a no show.
- You should expect to spend one – two hours at the office for a thorough and complete visit.
- We are now mandated to send out prescriptions electronically and it may take several hours for your pharmacy to process your prescriptions.
- Bags will be provided for dirty diapers and should be disposed of at home. We cannot dispose of them in our clinic due to OSHA regulations.
- Due to privacy laws no videotaping or pictures are allowed in this office at any time. Also please refrain from using your cell phone when in our office.

- Due to HIPAA we do not fax medical records.
- There is a \$25 fee for copies of medical records.
- There is a \$50 fee for NSF payments.
- Only 2 adults are permitted in the examination rooms.
- No food or drinks are permitted in the office/examination rooms!
- We are proud to be a smoke free facility! Please refrain from smoke while at our offices.
- Bayou Pediatric Associates will no longer see patients whose parent/legal guardian refuses their required immunizations.
- I understand that if I use foul language at Bayou Pediatric Associates I will be asked to find a new primary care provider.
- For the well-being of my child/children I understand I may be dismissed for not following all policies and procedures of Bayou Pediatric Associates. If dismissed, Bayou Pediatric Associates will send a letter of dismissal and a new primary care provider must be chosen.

I understand and agree with the above policies. I also understand my responsibilities.

Please understand these policies are made in consideration of the physicians, staff and patients. We appreciate your understanding and cooperation.

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

**Bayou Pediatric Associates**  
**Notice of Privacy Practices Acknowledgment of Receipt**

Effective Date: April 14, 2003

Please Review Carefully

The Notice of Privacy Practices tells you how Bayou Pediatric Associates uses and discloses information about you. Not all situations will be described. We are required to give you a notice of our privacy practices for the information we collect and keep about you.

I, \_\_\_\_\_, have been given a copy of Bayou Pediatric Associates Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Personal Representative

\_\_\_\_\_  
Date