Office Policies & Consent to Treat

YOUR INFORMATION: Please provide your most current contact information such as phone/cell numbers, address, etc. Also, please bring your insurance card to ensure accurate filing and payment from your insurance carrier. If you have your child's immunization records, please bring a copy of them for their chart.

CELL PHONE USAGE: Please refrain from using your cell phone when your child is in the room being seen for their appointment as well as when checking in/out of the office.

WALK-IN POLICY/APPOINTMENTS: Patient with scheduled appointments are seen M-F from 9-5. Special arrangements can be made outside of regular office hours at the discretion of the doctor. If you have an appointment scheduled for one child, and would like an additional child to be seen, call office in advance of coming to the office. We will do our best to accommodate you. Please provide 24-hour notice to cancel an appointment. **Failure to do so will result in a $25.00 cancellation/No Show fee. (Medicaid included)**

TREATING MINORS WITHOUT A PARENT/LEGAL GUARDIAN: Healthy Beginnings Pediatrics, LCC, requires an Authorization for Medical Treatment of a Minor form on file, if a minor is being accompanied to an appointment by themselves or by a person other than the birth parent/legal guardian. This includes step-parents, grandparents, daycare provider, nanny, babysitter, etc. Non-emergency care may be denied without this form.

PAYMENT/RESPONSIBLE PARTY: Please pay the co-pay your insurance requires and any outstanding balance at the time of your visit. **Please contact your insurance company to verify the benefits available including well baby care and immunizations.** It is the responsibility of the guarantor to pay any outstanding charges not covered by their insurance carrier. Some insurance companies require pre-authorization for some testing/procedures. The business office can arrange a payment plan if needed. In cases where there is a divorce, the parent bringing the child into the office will be responsible for payment and will need to collect from any other responsible party on their own. In regard to phone calls requesting to speak to the doctor; a charge may be incurred if certain criteria are met such as the length of the call. Insurance may not cover this fee and is then the guarantors' responsibility (Medicaid included).

PRESCRIPTION REFILL/FORM COMPLETED/REFERRAL REQUEST: Please allow 24-48 hours for ALL forms to be completed, insurance referrals and prescription refills to be processed. Please note that in compliance with Illinois State Law, some medication prescriptions must be picked up at our office or mailed to the home address. These prescriptions will not be sent directly to your pharmacy and you will be notified in advance if this is the case. Please be prepared to show identification if requested when picking up these items. Items will be release to a minor only with written authorization and identification.

CONSENT TO TREAT: I, the undersigned patient, parent or legal guardian is responsible for consenting on patient's behalf, hereby request and consent to the children listed below, to be examined and treated by the medial, nursing and other healthcare personnel who may participate in the patient's care. I hereby authorize the clinicians of Healthy Beginnings Pediatrics, **to provide vaccinations according to the AAP guidelines** to the children listed below.

PLEASE SIGN BELOW TO VERIFY YOU HAVE READ & UNDERSTAND OUR OFFICE POLICY/CONSENT TO TREAT.

Signature of Patient, Parent or Legal Guardian: _____

Printed name of person signing and relationship to patient(s)_____

Child/Children(s) Names(s): _____

Date: _____