ABC Kids Pediatric Health Care Office Policies

I certify that I have read this form and that I am the patient or I am duly authorized by the patient as the patient's representative to execute this form and accept its terms by initialing each section.

TREATMENT FORMAT, FEES & PRACTICE POLICIES

- ☐ I understand that all outstanding payments are required at the time services are rendered. This includes self-pay fees, applicable co-insurance, co-pays and deductibles as outlined by my insurance carrier.
- ☐ I understand that ABC Kids Pediatrics may recommend certain visits such as the one week and One or three-month visits to assess growth and development which may not be considered well visits by my insurance carrier and as such may incur a co-payment, deductible or co-insurance for which I am responsible for.
- ☐ I understand that TeleHealth visits are subject to the same rules as all other visits including co-payments.
- ☐ I understand that my self-pay fees and co-payment are expected at the time of my visit before my appointment.
- ☐ I understand that I will be charged a $50 fee if I fail to show for my well-visit.
- ☐ I understand that ABC Kids Pediatrics has the right to cancel a well visit for which I am more than 10 minutes late.
- ☐ I understand there is a charge of $10 dollars for all school, camp and sports forms to be completed after 7 days of my child's well visit at ABC Kids Pediatric Health Care.
- ☐ I understand there is a charge of $25 for expedited forms to be completed within 48 hrs.
- ☐ I understand that I need to sign up for the patient portal (Healow) as a way to communicate non-urgent needs, access forms, and view lab work.
- ☐ I have read and agree to ABC Kids Pediatrics' vaccine policy as outlined on our website www.abckidspediatrics.com
- ☐ I understand and authorize ABC Kids Pediatrics to release any information necessary to my insurance carrier regarding my child's condition or reason for visit to process insurance claims.

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Signature (Parent/Legal Guardian) Relationship to Patient

_____ _____

Printed Name Date