

Children's Health Service's, P.A. ~ 1826 West Arlington Blvd ~ Greenville, NC 27834

Patient's Name: _____ **Date of Birth:** _____

Please list Legal Guardians below:

Name	Relationship to Patient	Contact Number	Email

The following person(s) have permission to authorize medical care for my child and sign any necessary waivers on my behalf.

Name	Relationship to Patient	Contact Number

Please initial if you would like to grant access:

For patients 16 years old and older ONLY-The patient has permission to be treated unaccompanied by an adult. _____

Children's Health Services, P.A. may leave voicemails on the numbers provided. _____

Children's Health Services, P.A. may communicate through the email provided. _____

HIPAA Notification

Our Practice has implemented the Health Information Portability and Accountability Act to protect in the privacy of the patient's health information. In the Parent/Guardians absence we will request that all persons with the patient have some form of valid photo ID to compare to the child's Consent for Treatment and Patient Health form that the Parent/Guardian completes on an annual term. If the person with the patient is not listed in the patient's profile, we will be contacting you to confirm. Anyone other than the parent picking up prescriptions, forms or any other information on your child will need to present a valid photo ID also.

Current Information

You are required to notify Children's Health Services of any change of the patient's information, such as insurance, benefits, patient's name, custody orders, employer, address, and contact numbers. You will have to present a current insurance card at each appointment.

Payment at Time Service

If your insurance plan requires you to pay a co-payment, it will be collected during check-in. Patients that fail to bring their co-pay will be required to reschedule their non-urgent appointment. If you are a self-pay patient or your insurance information cannot be verified prior to the appointment, you will be required to pay in full at the time of service. If your insurance requires payment of an annual deductible or co-

insurance, payment will be calculated at the time of check out and du. We accept payments in the form of Cash, Check, Master Card, Visa and Care Credit. If you have any questions, please see one of our account representatives for more information.

Claims Filing

As a courtesy to our patients, we will file claims with your insurance company and also coordinate benefits with secondary payers. You will be responsible for timely payment of any patient balances as directed by your insurance. You will also be responsible in the event that the claim is disputed or unpaid.

Patient Billing and Collections

Patients that receive a statement from Children's Health Services are expected to remit a full payment upon receipt unless previous payment arrangements were made with our billing representatives. If your account balance is not resolved within 60 days, your balance will be referred to an outside collection agency for non-payment and a fee will be added to your account. Patients with accounts in collections must make payment arrangements prior to scheduling further appointments with our practice. If you receive a billing statement and do not understand it, please contact our office for assistance.

After-Hours Office Visits

Patients scheduled outside our normal business hours will be charged an after-hours charge. This charge may or may not be covered under your insurance plan. This applies to services received at Children's Health Services, not the ECU After-Hours clinic.

Please acknowledge the above-mentioned policies by signing below:

Signature: _____ Date: _____