

BURLINGTON PEDIATRICS INFORMATION SHEET

Child's Name: _____ DOB: _____

Thank you for choosing Burlington Pediatrics as your child's health care provider. The following is a statement of our Office Policies.

Co-pays and deductibles are expected at time of service.

We participate with many insurance plans and we will file those insurance claims for you. If you have an insurance with which we do not participate, you will need to pay at time of service and we will provide you with a form so you can file for your benefits. Due to the continual changes in insurance policies, we will need to see your insurance card at each visit. You may be asked to reschedule your appointment if you don't have your card.

MISSED APPOINTMENTS

We request at least 24 hours notice to reschedule or cancel an appointment. If scheduled appointments are missed on a continual basis without adequate notification of cancellation, this may result in termination of care for your child.

EMERGENCY ROOM VISITS

We urge you not to use the Hospital Emergency Room for anything except a true emergency. The medical needs of your children are better met by your child's physician who is familiar with your child's history. Please call our office before taking your child to the Emergency Room. After our office hours, you may call the Nurse Line at 1-888-267-3675 for advice before going to the Emergency Room.

MEDICAL RECORDS

If you are transferring to our practice from another physician, we have forms to obtain your child's records from that physician. Your signature and the complete name and address of the former physician are needed. Your child's medical records in our office are confidential and will not be released to anyone without written consent. We do charge a fee to copy records for Attorneys, insurance companies and for personal use. We require 24 to 48 hours notice.

PRESCRIPTION REFILLS

We prefer that patients contact their pharmacy to request refills for routine medications. Please avoid waiting until your child is out of his/her medications, as we need 24-48 hours to refill prescriptions. If you need to contact our office for a refill, please do so during regular office hours and have your pharmacy number ready. As a rule, we will not call in antibiotics without first examining your child, as we feel it is not consistent with good medical care.

PERMISSION TO RELEASE INFORMATION

Burlington Pediatrics takes the necessary safeguards to protect your child's information. Please list below the individuals that may have access to your child's protected health information. (Ex: making, cancelling appointments, billing questions or medical questions and individuals that have permission to bring your child for an appointment.)

Name/Relationship to patient:

1) _____ 2) _____

3) _____ 4) _____

Patient listed above may present unaccompanied by an adult
(Place an "X" in circle if patient come unaccompanied by an adult)

In the event that information must be released to someone not listed above, it will be necessary to receive written approval prior to release any information. It is also noted that individuals above may be expected to present a form of identification prior to information being released.

I have read and will abide by the Burlington Pediatrics Office Policies outlined above

_____/_____/_____
Signature Relationship to patient Date

I have had the opportunity to read and review the notice of Privacy Practices for Burlington Pediatrics, P.A.

_____/_____/_____
Signature Relationship to patient Date