BURLINGTON PEDIATRICS INFORMATION AND CONSENT SHEET

Children's Names & 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 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 and/or payment. Accounts that are not kept current are turned over to a collection agency and this may result in termination of care of your child and siblings. 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.

MISSED APPOINTMENTS

We request at least 24 hours notice to reschedule or cancel an appointment. If **three appointments** are missed without adequate notification of cancellation, this may result in termination of care for your child and siblings. If you do not cancel or reschedule your appointment with at least a 24-hour notice, we may assess a $50.00 No Show service charge to your account. The No Show charge is payable by the patient and not reimbursable by your insurance company.

EMERGENCY ROOM VISITS

We urge you not to use the 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 hospital.

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. If the medical records have not been obtained prior to the scheduled appointment, you may be asked to reschedule the appointment. Your child's medical records in our office are confidential and will not be released to anyone without written consent except as permitted by law. We do charge a fee to copy records for Attorneys, insurance companies, and for personal use. We require 24 to 48 hours notice. There is a $25.00 charge to complete FMLA/DOT forms. All other forms not completed at the time of the visit there will be a $10.00 charge.

CODE OF KINDNESS

I have read and agree to abide by the Code of Kindness for Patients, Parents and Visitors. Recordings of any type are prohibited during any and all visits.

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.

VACCINES

Burlington Pediatrics believes that immunizations are one of the most important health interventions a parent can do on behalf of their children. We believe vaccinations are a critical part of caring for our patients. Refusal of these vaccinations indicates a significant difference of philosophy of care and we do not accept new patients that have not been vaccinated or do not want to be vaccinated.

CONSENT TO TREAT

Being the adult patient 18 years or older, parent or legal guardian, I have entrusted the following adults to consent to any health care for myself or my minor child and do hereby request and authorize Burlington Pediatrics, P.A. to perform necessary services for myself or my minor child which are deemed advisable by the physician, including vaccinations, whether or not I am present at the actual appointment. Individuals listed below may be expected to present a form of identification. Covid vaccine requires consent from parent/guardian only.

	Name	Relationship		Name	Relationship
1)	_____	_____	2)	_____	_____
3)	_____	_____	4)	_____	_____

Yes ☐ No ☐

I authorize my minor child to present to appointments without an adult and authorize Burlington Pediatrics, P.A. to perform necessary services for my minor child which are deemed advisable by the physician, including vaccinations, whether or not any adult is present at the actual appointment. Please mark box.

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