



CO-PAY POLICY 6/30/08

Co-pays continue to be due at the time of office visits. A \$5 fee will be added to all co-pays that are not paid at the time of visit.

OUTSTANDING BALANCES

Outstanding balances may be transferred to our third party collection agency.

FAILED/MISSED APPOINTMENT POLICY 10/29/2018

One “Failed” appointment (without *12-hour* notification) will result in a \$35 fee. Future well visits may be delayed.

CUSTODIAL PARENT/OFFICE VISIT POLICY 1/10/08

The staff of Century-Airport Pediatrics assumes the “Mother” and “Father” of the patient (as listed on our demographic sheet, which is completed & reviewed by a parent at each visit), are the custodial guardians of the patient. We are under strict governmental regulation to not release information to anyone who is not a custodial parent (or has not signed our Parental Consent sheet). Parents must inform us, in writing, of any changes in guardianship or custody, and supply proper legal documentation.

Should it ever be necessary for your child to be scheduled for an appointment when you cannot be present at the visit, we must have your written permission stating you have given permission to “whomever” to bring the child in, as well as to make any medical decisions necessary (including vaccinations). Your note must be signed and the signature must match the signature we have on our child’s HIPAA form. Your note can be date specific (for the day’s visit only), or you can complete the “Third Party Release” form which is good for one year from the date signed. These forms must be updated annually.

Children may be seen without a parent, at the discretion of the provider from their 14th to their 18th birthday (this scenario is NOT encouraged, and written parental consent for shots is required). Patients as of their 18th birthday may be seen and receive immunizations without parental consent (but again this scenario is NOT encouraged).

SCHOOL/HEALTH FORMS

Forms can be completed if the LAST WELL CHILD VISIT is within 1 year. Please allow up to 2 weeks for completion. Please indicate if needed sooner and we will do our best to accommodate you. Please put CHILD’S NAME & DATE OF BIRTH on all forms and be prepared to sign other forms for us to have the ability to send information. When applicable, provide a self-addressed stamped envelope and complete PARENT SECTION first.