



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 7/15/2015

One "Failed" appointment (without 24-hour notification) will result in a \$35 fee. Future well visits will only be scheduled once account is cleared by the billing office.

CUSTODIAL PARENT / OFFICE VISIT POLICY 1/10/08

The staff of Century-Airport Pediatrics assumes that the 'Mother' and 'Father' of the patient (as listed on our demographic sheet, which is completed and reviewed by a parent at each visit), are the custodial guardians of the patient. We are under strict governmental regulations 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.

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 that 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 your child's HIPAA form. Your note can be date specific (for that day's office visit only) or for a period of one year from the date of your note. Permission slips must be updated annually.

Children may be seen without a parent, at the discretion of the provider (this scenario is NOT encouraged), from their 14th to their 18th birthday (with written parental consent for shots 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

Can be completed if LAST WELL CHILD VISIT is within 1 year. Please allow up to 2 weeks for completion. Please indicate if needed sooner and we'll do our best to accommodate you. Please put CHILD'S NAME and 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.