

Attention All Parents

Knowledge of your insurance

Knowledge of your insurance plan helps us at the Children's Clinic of Pascagoula render our services to the best extent. It is your responsibility to notify us of any changes with your insurance per your carrier. Non-covered procedures will be put to the patient's responsibility.

Insurance Cards

ALL patients must present their insurance cards with each visit. Your insurance will not be filed until we receive your card. We cannot call the Health Department, another doctor's office, or the hospital to get your I.D. number. **No Exceptions!**

Medicaid Patients if you have lost your insurance card or have not received a replacement, Department of Human Services will issue you a written document of eligibility.

Copays, Deductibles, and Non-Allowables

Copays, Deductibles, and non-allowables are **DUE** at the time of **each visit** unless arrangements have been made with our office manager.

Circumcision Requirement

Circumcision fees must be **PREPAID IN FULL**. We will file your insurance and reimburse you less any deductibles and/or non-allowables.

Legal Guardian

A Legal Guardian **MUST** be present with children **under 18 years of age**. If you are in the process of adopting or have custody of the child, proof of guardianship must be presented. **No Exceptions!**

Sign-In Sheets

Each child must have an updated sign-in sheet due to HIPAA regulations. Authorized names must be listed in the chart verifying who can bring the child in for the office visit.

Tardiness

If you are more than **15 minutes late** for your appointment, your time slot will automatically be cancelled. Upon availability, you may reschedule for the following afternoon or the next business day. If you are continuously late or have **3 or more NO SHOWS** you will automatically be dismissed from our clinic.

Walk-in appointments

We do not accept walk-in appointments unless it is an emergency situation. A scheduled appointment time will be issued. In the event you require immediate medical attention, a work-in appointment will be given.

Please be aware with a work-in appointment, there may be a wait depending on severity and the number of patients ahead of you with scheduled appointment times.

I _____ agree and understand the policies and procedures of Children's

Clinic of Pascagoula, PLLC. Date: _____.

Communications Regarding My Accounts:

Until my accounts are finally settled, I give my direct consent to receive communications regarding my accounts from any services and any collectors of my accounts through various means such as 1.) cellular, landline or text number that I provide, 2.) email address that I provide, 3.) auto dialer system, 4.) voicemail messages and other forms of communication.

Responsible Party Signature

Date

THANK YOU FOR YOUR COOPERATION