



# Policy Information Agreement

Child's Name & Date of Birth (DOB): \_\_\_\_\_

*Thank you for choosing Greensboro Pediatricians as your child's health care provider. Below defines our Practice Policies.*

Insurance card(s) are required at each visit. Copays and deductibles are expected at the time of service. You may be asked to reschedule your appointment if you do not have your card/or payment. Accounts in default will be turned over to a collection agency which may result in termination of care for your child and his/her siblings. We participate in several plans and will file each claim. If we do not participate with an insurance plan, payment is required at the time of service. A form will be provided to you so that you may file your benefits.

### MISSED APPOINTMENTS

We request at least 24-hour 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. A "No Show" fee will be assessed if an appointment is not cancelled within the timeframe allotted.

### EMERGENCY ROOM VISITS

Please consider contacting our office to address the medical needs of your child before taking them to the Emergency Room, as they are better assessed by your child's physician. We urge you to contact the Emergency Room for a true emergency. A nurse line is available during and after office hours for advice before going to the hospital.

### MEDICAL RECORDS

If you are transferring to our office from another physician, it is the responsibility of the parent, guardian, and/or caregiver to make sure we have received your child's records from the prior physician. We may ask that your appointment be rescheduled if our office has not received your medical records before the scheduled appointment. At your request, if applicable, we will provide you with a copy of your child(ren)'s medical records. We must have a release form signed by the parent and/or legal guardian. Medical records in our office are kept confidential and will not be released to unauthorized parties except as permitted by law.

### PRESCRIPTION REFILLS

We prefer that patients contact their pharmacy to request refills for routine medications. Please avoid waiting until your child is out of their medications and allow 24-48 hours to refill prescriptions. Be sure to contact our office for a refill during regular office hours with the number of your preferred pharmacy. As a regulation, we will not call in antibiotics without first examining your child, as we feel it is not consistent with good medical care.

### VACCINES

Greensboro Pediatricians believes that immunizations are one of the most important health interventions a parent can do on behalf of their children. Our belief is that vaccinations are a critical part of caring for our patients. Our clinic follows the recommendations of the American Academy of Pediatrics and the Centers for Disease Control and Prevention by encouraging our patients are current with their vaccines.

### CODE OF KINDNESS

I have read and agree to abide by the Code of Kindness, Parents, and Visitors.

### CONSENT TO TREAT

As the parent or legal guardian, I have entrusted the following adults to consent to any health care for my child and do hereby request and authorize Greensboro Pediatricians, to perform necessary services for my 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.

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

I have read and will abide by the Greensboro Pediatricians Office Policies outlined above.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature / Relationship to patient / Date

I have had the opportunity to read and review the notice of Privacy Practices for Greensboro Pediatricians.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature / Relationship to patient / Date

**Greensboro Pediatricians reserves the right to change this Policy Information Agreement at any time.**