

Trophv Club Pediatrics Consent

Patient's Name: _____ Date of Birth: _____

Please initial and sign policies acknowledging your receipt and understanding of them.

Initials

_____ **Notice of Privacy Policies (HIPPA Policy)**

_____ **Clinic Office Policies**

_____ **Assignment of benefits**

_____ **Patient Rights and Responsibility**

_____ **Consent to send you appointment reminders & links to register for patient portal via text messages and emails.**

_____ **Consent to obtain medication history from pharmacy**

_____ **CELL PHONES** • Please turn off your cell phone, in order to eliminate distractions when the doctor/nurse is with you. • **Please note that Texting or Email doctors regarding your health issues is considered HIPPA violation** so do not use these means to reach your doctor but instead schedule an appointment to discuss your concerns.

_____ **COPAYS and PAYMENTS** • **We collect previous balances, co-pays, deductibles, co-insurance for every doctor's visit prior to being seen.** If you have any questions regarding this, please call your insurance company. We don't know how your insurance applies this clause. We are a third party; the insurance company restricts our knowledge about what is and what is not covered under your signed plan. • Forms of payment accepted are Cash, Visa, & Master-card only! We do not accept checks, American Express or Discover cards. If you have a balance due and do not respond to our statements, we will charge your account for the balance due with the credit card information we have on file for you. When your delinquent account is submitted to a collection agency, a collection fee of 19% will be charged by the agency, and that will be added to your balance.

_____ **PHYSICAL EXAM (PE)** • If you are here for physical exam and want to be seen for other health issues (including sports physical) in addition to the PE or If during the PE, the doctor diagnoses other health conditions that require treatment, then we will bill your insurance for both sick and well visit. Your insurance might not pay for the combination visit; if this is the case then you are responsible in paying the complete balance due.

_____ **PRESCRIPTIONS** • Our doctor/PA/NP MUST SEE YOU prior to prescribing a new RX, refills on Antibiotics or Narcotics (Controlled medications) and changing your existing medication. • If you have not been seen the doctor within the past 3 months and need a refill, you must schedule an appointment to see doctor for your prescription refill, even if you are feeling fine. If you are out of town and need refill on your regular Rx then we will send 30 days supply only if you were seen in the last 3 months otherwise please see a physician for your emergencies. •

_____ **REFERRALS** • Obtaining a referral from your insurance can take up to 48 hours or more. **Please do not call from the specialist's office at the time of your appointment for a referral.** Please call our office and schedule an appointment to get a referral before seeing a specialist.

_____ **NO SHOWS** • If you do not show up and/or do not call us 24 hours in advance to cancel or re-schedule your appointment, **we reserve the right to charge a \$25.00 fee** for the scheduled time that we were unable to give to other patients. • After three consecutive no shows, we reserve the right to discharge you as our patient.

_____ **ATHENACAPTURE** The athenaCapture mobile app and its supporting athenaNet workflows provide a simple, secure way for our clinic to add image documentation into athenaNet via smartphone or tablet device. Images pass directly from the point of capture — athenaCapture — to athenaNet, and are never stored unsecured, e.g., in a device camera roll, a memory card inserted into a camera, etc., without manual intermediate steps.

Patient/Patient's representative signature

Date
