



WELCOME TO NORTH SCOTTSDALE PEDIATRICS

PATIENT INFORMATION

NAME: _____ DATE OF BIRTH: _____

NICKNAME: _____ SEX: _____ AGE: _____

ADDRESS: _____ HOME PHONE: _____

CELL PHONE (M): _____

_____ CELL PHONE (D): _____

EMAIL: _____ WORK PHONE: _____

RESPONSIBLE PARTIES

MOTHER: _____ DATE OF BIRTH: _____

ADDRESS: _____ EMAIL: _____

_____ SS#: _____

_____ EMPLOYER: _____

FATHER: _____ DATE OF BIRTH: _____

ADDRESS: _____ EMAIL: _____

_____ SS#: _____

_____ EMPLOYER: _____

IN THE EVENT OF AN EMERGENCY, WHO MAY WE CONTACT IF WE ARE UNABLE TO REACH YOU?

NAME: _____ PHONE: _____ RELATIONSHIP: _____

INSURANCE INFORMATION

PCP: _____

PRIMARY INSURANCE CARRIER: _____

CLAIMS ADDRESS: _____

PRIMARY CARD HOLDER: _____

DATE OF BIRTH: _____ RELATIONSHIP TO PATIENT: _____

INSURED ID#: _____ POLICY GROUP #: _____

COPAY: \$ _____ EFFECTIVE DATE: _____

SECONDARY INSURANCE CARRIER: _____

CLAIMS ADDRESS: _____

SECONDARY INS. CARD HOLDER: _____

DATE OF BIRTH: _____ RELATIONSHIP TO PATIENT: _____

INSURED ID#: _____ POLICY GROUP#: _____

COPAY; \$ _____ EFFECTIVE DATE: _____

RELEASE OF INFORMATION AND ASSIGNMENT OF BENEFITS

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED HERE IS TRUE AND CORRECT. I AUTHORIZE NORTH SCOTTSDALE PEDIATRICS TO RELEASE INFORMATION TO MY INSURANCE COMPANY FOR THE PROCESSING OF MEDICAL CLAIMS. I ASSIGN INSURANCE BENEFITS TO NORTH SCOTTSDALE PEDIATRICS FOR ALL MEDICAL SERVICES PERFORMED. I UNDERSTAND THAT INSURANCE BENEFITS ARE DETERMINED BY THE CONTRACT I HOLD WITH MY INSURANCE COMPANY, AND THAT I AM RESPONSIBLE FOR ALL FEES NOT PAID BY INSURANCE AS STATED IN MY POLICY.

SIGNATURE OF GUARANTOR/RESPONSIBLE PARTY

DATE



ACKNOWLEDGEMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge that I have received the Notice of Privacy Practices of North Scottsdale Pediatric Associates, P.C. which explains its legal duties and privacy practices with respect to my protected health information. I understand that I may refuse to sign this Acknowledgement

Date _____

Signature of Parent or Guardian

Print Name of Parent or Guardian

Print Name of Patient

FOR OFFICIAL USE ONLY

I, _____, made a good faith effort to obtain written acknowledgement of _____'s receipt of the Notice of Privacy Practices of North Scottsdale Pediatric Associates, P.C. However, I could not obtain written acknowledgement because (please circle the appropriate reason)

- Individual refused to sign this Acknowledgement
- Communications barrier prohibited obtaining written acknowledgement
- An emergency situation prevented obtaining written acknowledgement
- Other (please specify)



North Scottsdale Pediatrics Associates' - 2011 Financial Policy

Thank you for choosing North Scottsdale Pediatrics (NSPA) for the care of your child(ren). This financial policy is an important part of your child's care. Due to increased insurance company demands we ask you to read and agree to the following policies.

NSPA will bill your insurance company on your behalf, and we will do so in a timely manner (within 5 business days of your visit). In turn, it is your responsibility to know your healthcare policy and to verify all benefits and coverage information prior to having any services rendered. (If your policy does not cover vaccines, please ask us about the Vaccine for Children - VFC program.) You are also responsible for notifying us of any changes to your insurance plan or policy prior to any visit. Please get into the habit of bringing your insurance card to each visit.

Our contracts with insurance companies stipulate that we must collect your co-pay at the time of your visit. Additionally, we must collect any portion of your visit that the insurance company states as 'patient responsibility.' That information is shown on your EOB (Explanation of Benefits) that is mailed both to you and to our billing department. Unfortunately, many insurance plans have high co-payments or deductibles that become the parent's (guarantor's) financial responsibility. So it's important to know whether or not you have met your deductible. If you have questions about your insurance coverage or don't understand what is/isn't covered you should contact your insurance carrier prior to your visit. In a pinch we have financial counselors at each office who can help to answer your questions.

If you have an outstanding balance with our practice, we ask that you pay it in a timely manner, e.g. within 30 days. NSPA offers convenient on-line bill payment. Nonpayment of outstanding balances may affect your ability to schedule future appointments, as well as may result in additional processing fees if our billing department has to work your account. If you are having difficulty making your payment, please call our billing department and ask to be placed on a payment plan.

Patients may be personally responsible for payment if: you cannot verify that you have insurance at the time of your appointment; you do not have active insurance coverage (please ask about our 'Cash Pay' policy); your insurance is not accepted by NSPA; your child receives a service that is not covered by your policy; and/or your insurance company denies your claim for any reason that is not resolvable. NSPA still accepts personal checks, but will charge you a fee if your check bounces.

Finally we ask that you call us 24 hours prior to cancelling an appointment. Our doctors block time specifically for your child, so please give us enough notification if you aren't going to honor your appointment. That way we can accommodate another child and avoid no-show fees.

Patient name & birth date: _____

Your name (please print) _____

Your signature _____

Questions about this policy? Please contact our billing department at 480/860-8488



North Scottsdale Pediatrics

Medical Insurance Doesn't Necessarily Include Mental Health Coverage –

Read on to learn more.....

Parents - Does your insurance plan include mental health coverage? Some of our patients are finding out that discussing behavior issues with your child's doctor may mean that health insurance WILL NOT pay for the visit? Why? Some plans have decided to treat office visits that include discussion of mental health issues differently, leaving you potentially responsible for payment.

What constitutes "behavioral health?" In addition to ADD/ADHD, depression and anxiety, the following conditions may be regarded as "behavioral" diagnoses with corresponding "codes" that are triggers for insurance companies:

- Bedwetting
- Sleep problems, including night terrors, problems falling asleep, etc.
- Eating disorders
- Developmental delays
- Dyslexia

How this happens (A typical scenario):

- Let's say you have scheduled a well check for your 12 year old child. During the visit you discuss your concern with the doctor about your child's moodiness, drop in grades, or increased stress following a big change in your child's life, such as a new school, move, or death in the family. The doctor documents the well visit, and also suggests a trial of anti-depressants to get them over this tough period. Maybe even refers them to a therapist to help them overcome their issues.
- Our documentation to insurance companies reflects the well visit, and the additional discussion/treatment for the mental health component.
- You are surprised when your insurance company denies the claim or indicates it falls to your deductible.
- Here's why: If your insurance plan doesn't provide 'mental health' coverage, any claim that contains codes for behavioral issues, such as the one described above, is not paid.

We don't like it either:

We at North Scottsdale Pediatrics strongly disagree with this practice. Behavioral issues are important and we have a lot to offer to kids and families who experience these challenges. We are mortified as are our parents who call us and tell us that their insurance plan won't cover their children's visits because the brain was discussed. We are doing what we can by advocating against this practice through the Pediatric Council of Arizona and the American Academy of Pediatrics.

What you can do:

- Tell your plan administrator (HR person at the company that provides your family's health benefit) about this gap in coverage. If/When you can select a new plan, be mindful of behavioral coverage.
- Tell your insurance company how you feel about this. (We are!) The response we have often received from them is 'this is what the employer signed up for.'
- Make a separate visit to discuss mental health issues to minimize how much care is denied.

What you cannot do:

- Ask us **not** to document behavioral issues or to alter the medical record – this is unlawful.
- Ask us to change how the visit was coded and billed – there are strict rules about how this is to be done which we must follow.
- Ask us to research your plan and mental health coverage prior to your child's visit – this is your responsibility.
- Not pay our bill. If you're having financial challenges, we'll work with you and establish a payment plan. Ask our billing department how.

We at North Scottsdale Pediatrics are committed to providing the most cost efficient, high quality care to your child, while being up-front and transparent with the insurance companies we contract with.