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Revised 7/2022

2022 Gallagher Pediatrics Office Policies
Financial, Privacy, Vaccine, Membership, and Treatment

Date: _____
Person filling out form: _____
Relationship to Patient: _____

Patient Name/DOB: _____
Patient Name/DOB: _____

Patient Name/DOB: _____
Patient Name/DOB: _____

Financial Policies

Working with Your Insurance Company

Gallagher Pediatrics participates with most insurance plans. If we do not participate with your insurance plan, ask about our membership plan or fee-for-service pricing.

I understand that each insurance policy is different and it is therefore impossible for Gallagher Pediatrics to know what my particular benefits may be. Therefore I understand the importance of contacting my insurance company if I have any questions regarding co-pays, fees, and benefits. I accept the responsibility of knowing my payment obligations at time of service.

I authorize Gallagher Pediatrics to submit charges for each service and each visit to my insurance company on my behalf. I authorize the release of medical or other information for the purpose of providing care or securing payment for services rendered. I authorize the payment of medical benefits directly to Gallagher Pediatrics.

I understand and agree that if my insurance company subsequently nofies Gallagher Pediatrics that a rendered service is not a covered benefit for any reason on my insurance plan, I am to pay in full the amount not covered upon receipt of the EOB (Parent Explanation of Benefit statement.

Working with my Insurance Company (initial here): _____

General Financial Policies

I understand that payment may be made in cash, by check or by card. Gallagher Pediatrics will also accept Health Savings Account (HSA) cards for payment at the time of service. Patients who pay at the time of service will receive 30% off their bill.

I understand that my copayment is a contractual requirement from the insurance company and cannot be written off by Gallagher Pediatrics.

I understand that if I have a High Deductible Health Plan (HDHP) and have not yet paid the deductible in full, it is likely that any non-preventive services will require payment at the time those services are rendered.

I understand that if I do not bring in my child myself, whoever brings the child in is prepared to make all payments.

I understand that Gallagher Pediatrics requires a credit card on file. My insurance requires payment at time of service for all deductibles, co-pays, and coinsurance. As a courtesy, Gallagher Pediatrics will keep the credit card on file and process payment when the EOB is received from the insurance company. I understand that Gallagher Pediatrics will contact me prior to charging the credit card.

It is my responsibility to update the credit card on file when it expires or is replaced. I understand that my credit card on file is kept securely encrypted.

I understand that state and federally funded insurance plans are exempted from having a credit card on file as there is no patient billing with these plans.

I understand that once my credit card is charged, a receipt will be offered.

I understand that I can make arrangements to pay my bills with installments by notifying the office in advance.

General Financial Policies (initial here): _____

Financial continued

I understand that if I have an insurance plan that is contracted with Gallagher Pediatrics, I must submit all charges for services rendered to my insurance company. If you choose to pay at the time of service, you will receive a 30% discount and can submit the bill to your insurance company for reimbursement.

I understand that if I have insurance that does not contract with Gallagher Pediatrics, I can pay for services one of two ways:

1) Fee-For-Service

I can pay at the time of service for all services rendered (physician, nurse, labs, immunizations, procedures, and all other in-house services). If I pay at the time of service, I will receive a 30% discount from our published prices on our standard bill. I understand this discount does not apply after the day of the visit.

2) Membership Plan

I can also pay with a membership model. I understand that participation in the membership model requires a 1) 12-month commitment to monthly fees that are all-inclusive of services rendered here in-house at Gallagher Pediatrics or 2)after the patient's 2nd birthday, a quarterly or yearly commitment to monthly fees.

I understand that participation in the membership model requires signed consent with a document separate from this one.

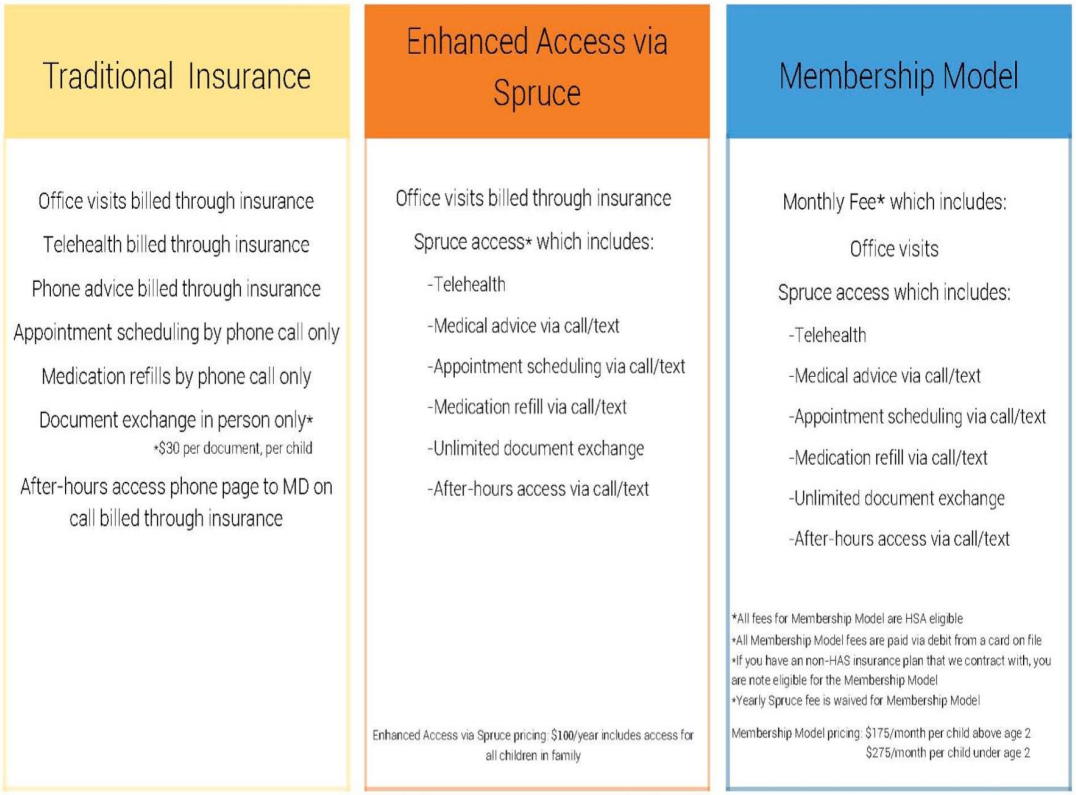
Fee-for-Service and Direct Care Plan Pricing (initial here): _____

Spruce Fees

Patients who choose to have enhanced access to Gallagher Pediatrics can pay $100 per year for membership on our Spruce app. This fee is not covered by your insurance plan. It can be billed to an HSA card.

The Spruce app allows you to have 24/7 access to Dr. Gallagher/Winifred PNP via a HIPAA secure texting platform. It also allows you to easily exchange documents and photos, have telehealth visits, and schedule or reschedule appointments. We have found that patients who pay for and participate in the Spruce app with us have 2-3 fewer office visits per year. We strongly recommend it for families with newborns, sick children or complicated medical issues, ADHD and mental health medication management, or a very busy schedule. Participation is optional. See the billing graphic below for more information. If you choose to participate, please inform a staff member.

Gallagher PEDIATRICS



Administrative Fees

No-Show and Cancellation Policy Fee

I understand that Gallagher Pediatrics requires **at least 24 hours** for all cancellations. I understand that failure to notify the clinic in a timely manner will result in a no show fee of $75 for checkups and $50 for other visits . If I incur repeated no-shows or late cancellations, I will be advised to transfer care out of the pracce.

No-Show and Cancellation Policy (initial here): _____

Custodial Arrangement Policy

We believe that divorce, separation and custody agreements should not enter into a child's medical treatment. The parent who is requesting the medical treatment is individually responsible for the payment of the medical bills. We are not a party to your divorce agreement; we will collect co-pays and deductibles from the attending parent.

Without a document stating otherwise, we will assume that parents have "Joint Custody" meaning that each parent has equal access to the child's medical record. Without a court order, we will not stop either parent from looking at their child's chart or obtaining their child's test results. Yet we will not call the other parent for consent prior to treatment or to inform the non-present parent of the assessment and/or plan of care, if any. Again, we will discuss with the accompanying parent information pertinent to the child's history and/or present exam. It is then the responsibility of the parents to communicate with each other. We recommend parents consult with their lawyer, create a common email for communicating with medical providers, and work together to communicate in the interest of their child's health.

We reserve the right to charge an administrative fee for copying records or to charge for provider time should the requests for records and communication become excessive.

Should issues between the parents become disruptive to our medical practice, we reserve the right to discharge a family from our care and responsibility.

Custodial Arrangement Policy (initial here): _____

Medical Records Policy

We reserve the right to charge an administrative fee for copying records should the requests become excessive.

Medical Records Policy (initial here): _____

Privacy Policies

Acknowledgement of Privacy Practices

I understand that the patient's health information is private and confidential. I understand that Gallagher Pediatrics works very hard to protect the patient's privacy and preserve the confidentiality of the patient's personal health information.

I understand that Gallagher Pediatrics may use and disclose the patient's personal health information to help provide healthcare to the parent, to handle billing and payment, and to take care of other health care operations.

Gallagher Pediatrics has a detailed document called the "Notice of Privacy Practices". It contains more information about the policies and practices protecting the patient's privacy. I

understand that I have the right to read the “Notice” before signing this Acknowledgement. Within this Notice of Privacy Practices is contained a complete description of my privacy/confidentiality rights. These rights include, but aren’t limited to, access to my medical records; restrictions on certain uses; receiving an accounting of disclosures as required by law; and requesting communication be by specified methods or to an alternate location. This Notice of Privacy Practices may be updated periodically.

Privacy Practices (initial here): _____

Forms of Communication, HiPAA, and Patient Privacy

When you registered with our practice, you were offered a copy of our privacy practices. We like to have our patients communicate with us in a variety of ways, including email and texting and phone calls and telehealth. It's important for us to review your right to privacy when you think about how you like to communicate with your doctor's office. We prefer that you use our HIPAA-compliant communications methods when relaying personal health information. (For more information on our Privacy Policies, please ask Wini Davis-Pranke, our Privacy Officer.)

Many patients like to email, but please be aware that the office Gmail Account is unencrypted. **If you have private, personal, or any parent information that you would like to communicate, do not use the office Gmail. If you do so, it is done with your full knowledge and permission to use an unencrypted account.**

You can **fax** over information securely to our office (435-355-3734).
We can discuss information securely on the **phone** (435-602-0187).
We can communicate with you securely on the **Spruce Platform.**
All of these methods communicate your personal health information to us securely.

Secure Communication (initial here): _____

Vaccine Administration Policy

I understand that Gallagher Pediatrics will administer vaccines in accordance with the guidelines set forth by the Centers for Disease Control (CDC) and the American Academy of Pediatrics Guidelines(AAP). I also understand that I will be given information about these vaccines and the opportunity to discuss them prior to administration. Gallagher Pediatrics does not accept families who do not vaccinate or under vaccinate their children.

Vaccine Policy (initial here): _____

Permission to Treat

I understand that by signing below I authorize Gallagher Pediatrics to provide medical care reasonable by today's standards.

Permission to Treat (initial here): _____

Acknowledgement of Financial Policies, Privacy and Vaccine Policy, and Permission to Treat

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

Date: _____