

Consent to Treat

I understand that SEE Alternatives Pediatrics is a Nurse Practitioner owned and operated facility. The vast majority of my child's care will be provided by a nurse practitioner. We work with a collaborating physician via telecommunication and that physician occasionally provides coverage in our office. We also consult with other physicians and healthcare providers regarding patient care as needed and appropriate.

I authorize SEEAP and their healthcare providers to provide medical care to my child that is necessary and appropriate.

I authorize SEEAP to access prescription medication data for the purpose of treating my child.

I understand that written authorization from a parent or guardian is required to provide treatment in the absence of a parent or legal guardian (ex: child is brought to office by a relative or nanny). Without written authorization, treatment may be delayed or refused until authorization is provided. Please notify us in writing of anyone authorized to bring your child into the office.

Confidentiality and Privacy Notices

I understand that SEEAP has access to MUSC medical records through Care Link program. SEEAP and associates may access my child's medical records as needed for the purpose of referrals, accessing lab records, and coordination and continuation of care.

In 2022 new laws became active requiring electronic sharing of medical records among electronic medical records to improve communication among healthcare providers providing care for patients. We allow this record sharing feature for patients, unless we are notified in writing by the parent or legal guardian.

We are required to share vaccine administration data with SIMON, the state vaccine registry. We share this information automatically, unless we are notified in writing by the parent or legal guardian.

I understand I have access to SEEAP's Notice of Privacy Practices in the portal, on our website, in our lobby, and upon request. I have been given the opportunity to review the document.

I authorize SEEAP and Athena to communicate with me via text, phone, and email at the preferred contact listed above for appointment reminders, messages from providers, billing related issues and other general communication regarding the practice or my child's care.

I authorize SEEAP to leave voicemail messages on the phone number(s) listed on my registration form with appointment reminders, lab results, and brief summary of medical care.

I understand that SEEAP highly recommends the use of the Athena portal for written communication with our providers and staff, as it is HIPAA compliant and provides a record of the communication. SEEAP discourages the use of email for communication regarding medical care.

Financial and Billing Policies and Procedures

I understand the co-payment outlined by my contract with the insurance company is expected in full at the time services are rendered. I understand that if SEEAP does not collect the co-payment, co-insurance, or deductible outlined in my plan, SEEAP is in violation of a binding agreement with the insurance company.

I authorize SEEAP to release any medical information necessary to my insurance carrier to obtain reimbursement for services rendered to my child/dependent.

I hereby authorize direct payment of benefits payable for these services to SEEAP. I understand that it is my responsibility to update SEEAP with any insurance coverage changes. I understand I am responsible to pay for any services that my insurance policy deems as non-covered services.

I understand that if I do not provide SEEAP with my insurance information in a timely manner, I will be deemed a self-pay patient and will be responsible for the charges when the insurance information was unavailable. Please note, that some insurance companies require direct communication from you regarding coordination of benefits. They may withhold payment if you do not communicate.

I understand that every insurance policy is unique, and I am fully responsible for understanding what my insurance coverage is. Some in-office procedures are not covered by some insurance plans. SEEAP may send labs out to third party vendors. I am responsible for understanding what my patient responsibility may be for these services.

I understand that SEEAP is not in network with some insurance plans and that I am responsible for the charges incurred in full for the visit. If SEEAP files an out of network claim for the insurance, I will be billed an invoice after SEEAP receives notification from the insurance company of the covered/uncovered services.

I understand SEEAP accepts cash and credit card payments (including Health Savings Account credit cards). We do not accept checks. I guarantee payment for all services that are provided to my child.

Self-pay Statement (if applicable): I understand that payment in full is expected at the time services is rendered.

Well Child Care Vs Problem Specific Visits

I understand that well child healthcare is an important component of the healthcare of my child. I understand that these visits are what truly constitute preventative care and how SEEAP partners with me for optimal health and well-being for my child. We require children under 2 in our primary care practice be seen at the following ages: 3-5 days, 2-4 weeks, 2, 4, 6, 9, 12, 15, and 18 months of age. Children over 2 years are seen at least annually. I understand that SEEAP reserves the right to terminate care if regular well child healthcare is not maintained.

I understand that a well visit is designed to review the general health and well-being of my child and to provide proactive information to prevent illness and maintain health. If my child has multiple complaints or issues that need to be addressed, I may be asked to schedule a visit specifically to address those complaints. **I understand that if my child is scheduled for a well visit, but has an illness or complaint, SEEAP will bill for both a well visit and a problem focused visit, which may result in a co-payment or deductible charge.**

I understand that SEEAP is not a walk-in clinic and I will call the office to schedule a visit when I have concerns about my child's health and well-being. I understand that SEEAP makes every effort to see my child for same-day sick visits.

Supplement Transparency Statement

I understand that SEEAP practitioners may recommend supplements that may benefit the health of my child. I understand that supplements are not reviewed by the FDA as prescription medications are, and that supplements sold in our office or from our online account(s) may provide revenue for SEEAP.

Late Arrivals, Cancellation and No-Show Policy

We strive to schedule in a way that minimizes wait times and allow for patients to maximize their time with the provider. Because we offer longer appointment times than traditional offices, late arrivals, cancellations, and no-shows impact our patients and the practice a great deal. Our electronic medical record sends out multiple reminders for appointments to support you in rescheduling in a timely manner when there is a conflict with a scheduled appointment. If you do not receive these reminders, please let us know.

Late Arrivals: A patient is considered late if he/she does not arrive within 10 minutes of the appointment time. Late arrivals may be asked to reschedule the appointment to a later time or date, especially if another patient will be impacted. If the appointment is not rescheduled, we reserve the right to shorten the duration of the appointment, especially when another patient will be impacted.

Same-Day Cancellation: We ask that you notify us at least 24 hours before the scheduled appointment, so we can offer that time to another patient.

No-Show: A "no show" is someone who does not attend the scheduled appointment date and time and does not communicate according to the cancellation policy. We understand that emergencies happen and there will be times that it is impossible to make an appointment time. Please notify us as soon as possible, even if the appointment time has passed, so we can get the appointment rescheduled.

How we will handle late arrivals, same-day cancellations, and no-shows.

- A pattern of late arrivals (>3) will be considered as an offense.
- For the first offense, we will call to reschedule the appointment and give a written reminder of this policy.
- For a second offense we will call to reschedule the appointment and will give parents written notification of this policy (in person or by mail), a copy of which will be filed in the chart.
- For a third offense, a \$50 dollar charge will be placed on the account and the fee must be paid to schedule another appointment. A final written notification will be provided (in person or by mail) and a copy will be filed in the chart.
- For any additional offenses, SEEAP reserves the right to terminate healthcare services.