

HIPPA

Summary of Notice of Privacy Practices

The notice of Privacy Practice contains a detailed description of how our office will protect your health information, your rights as a patient and our common practice in dealing with patient health information.

Uses and Disclosures of Health Information

We will use and disclose your children's health information in order to treat your children or to assist other health care providers in treating your children. We will also use and disclose their health information in order to obtain payment for our services or to allow insurance companies to process insurance claims for services rendered to your children by us or others health care providers. Finally, we may disclose your children's health information for certain limited operational activities such as quality assessment, licensing, accreditation and training of students.

Uses and Disclosures based on Your Authorization

We will not use or disclose your health information without your written authorization except as stated in more detail in the Notice of Privacy Practices.

Uses and Disclosures Not Requiring Your Authorization

In the following circumstances, we may disclose you're your health information without your written authorization:

- For purposes of public health and safety
- To Government agencies for purposes of audits, investigations and other oversight activities.
- To government authorities to prevent child abuse or domestic violence
- To the FDA to report product defects of incidents
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders
- When required by court orders, search warrants, subpoenas and as otherwise required by law

Patients Rights

As our patient, you have the following rights:

- To have access to and or a copy of your health information.
- To receive an account of certain disclosures we have made of you health information.
- To request restrictions as to how your health information is used or disclosed.
- To request that we communicate with you in confidence.
- To request that we amend your health information.
- To receive notice of your privacy practices

Idaho Falls Pediatrics

Ron Porter, M.D.
Scott Smith, D.O. • Joseph Moore, M.D. Michael
Steorts, M.D. • Travis Christensen, PA-C
Samantha Lange, PA-C

(208) 522-4600
www.IFPEDS.com
Like us on Facebook

2375 Coronado - Idaho Falls, Idaho - 83404
1645 Pancheri - Idaho Falls, Idaho - 83402

Our Financial Policy

Thank you for choosing Idaho Falls Pediatrics as your healthcare provider. We are committed to your children's treatment being successful. The following is a statement of our Financial Policy which we require you to read and sign prior to treatment.

All patients must complete our information and insurance form before seeing the doctor. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the payment of a claim.

Any patient who has not been in our clinic over the past three years will be considered a NEW PATIENT for the purpose of this document and the attached financial policies.

Minor Patients

An adult must accompany any child under 18 years of age. The adult or guardian accompanying the minor is responsible for the full payment. For unaccompanied minor treatment will be denied.

Delinquent Accounts

If at any time your account is delinquent your account may be sent to MRS Collection Agency.

Regarding Insurance

We will file your insurance as a courtesy to you and will do our very best to maximize your benefits. It is your responsibility to understand your insurance benefits (what is and is not covered). All co-pays are due at the time of service. Some insurance companies may charge a different co-pay or co-insurance amount when seeing a physician's assistant rather than a doctor. Any remaining balance is your responsibility. If there are any questions regarding a claim please contact your insurance company. After you have contacted your insurance, if there is anything that we can assist you with please contact our billing office.

We do contract with most insurance companies and will take their usual and customary allowances. If however, you have an insurance that we are not contracting with, you are responsible for the full remaining balance after insurance pays.

It is your responsibility to update any insurance changes. We will need to know the insurance company name, claims address, phone number, ID number, group number, policy holder name, date of birth and social security number and the effective date of the insurance.

Updated Information

Please make sure all address and phone numbers are kept current.

Missed appointments

Effective July 1st, 2011 we will be charging for missed appointments. If we are notified in time that we could schedule that appointment for another patient there will be no charge. At a first missed appointment a warning letter will be sent, for the second missed appointment a \$15.00 charge will be assessed to your account, for a third missed appointment a \$30.00 charge will be assessed to your account. The charges are per calendar year. If there is a fourth missed appointment you will be denied services in our office.

These financial options will meet the needs of most families in our practice. We want to be flexible in these changing times and we will do our very best to help you find a temporary financial solution that best fits the needs of your particular situation. We hope you will take into consideration the limitations we may have when making these arrangements. We value your business and are here to help you.

Thank you for taking the time to read and understand our Financial Policy. Please let us know if you have any questions or concerns.