

Office Policies

9-3-19 (PARENT COPY)

Welcome to Julia Barriga, M.D.,P.A. Thank you for choosing our Practice as your child's medical home. Our mission is to bring Health and Happiness to children. Please take a moment to review that the expectations and philosophies of our providers are in line with those of your family. We believe mutual respect and trust is necessary to serve you and your family.

Office Hours

Mondays 8:00 am – 5:00 pm, Tuesdays 8:00 am -7:00 pm, Wednesdays 8:00-1:00 pm, Thursdays 8:00 am – 5:00 pm, Fridays 8:00 am – 5:00 pm, Alternating Saturdays 9:00 am-1:00pm.

Appointment Policy

We see patients by appointments only, you can schedule an appointment by phone or via text message to our Main Number (813) 984-8846 during regular office hours, and AFTER HOURS on our website or your Patient Portal. Evening, after school and Saturday appointments are booked quickly, if these are your preferred times, please schedule them at least a month in advanced.

Sick Appointments

Acute sick appointments are scheduled as same day appointments only. We have same day sick appointments available for our established patients. There may be a wait time as we will be working you in between the regular scheduled appointments. Our phone lines open at 8:00 am, please call us as early as possible in order to accommodate your child. Chronic sick appointments and consultations generally require more time than a standard acute sick appointment and will need to be scheduled two weeks or more in advance.

Well Child or Physical Appointments

We follow the American Academy of Pediatrics, Bright Futures Schedule and HEDIS, NCQA guidelines very closely and we expect that the Families of our practice follow that schedule as close as possible. We request that patients schedule their Well Child Appointments not later than a month after the patient is due. Our Practice's Care Coordinator will provide and explain such schedule and we will encourage you to schedule your next Well Child Appointment every time you contact our Office.

Well Child appointments are scheduled to focus on preventive health, if you need to address an acute problem or Chronic Problem we may ask you to schedule an appointment to concentrate on this matter.

No-Show Appointment Policy

There will be a NO-SHOW FEE for every no-show appointment: Appointments not cancelled 24 hours in advance – \$50.

Failure to notify our office with a cancellation at least 2 HOURS prior to your appointment time will result in the above no show fees.

3 NO-SHOWS in a 6 month period are grounds for dismissal from the Practice for the Patient and the Entire Family.

This is not to be uncaring; it is an effort to continue prompt care throughout the day for our ill children.

These charges will not be billed to your insurance company; you will be responsible for payment.

Cancellations of Appointment

If you should need to cancel a pre-scheduled appointment, please notify our office 24 business hours in advance so that we may accommodate families who are on a waiting list for an earlier appointment. Failure to cancel your appointment within 24 business hours OR in case of emergencies with at least 2 hours prior to the appointment will result in a \$50.00 charge. This charge must be paid prior to scheduling your next appointment and cannot be charged to your Insurance.

Saturday, Evening appointments and After Hours

Tuesdays 5:00pm -7:00 pm and Alternating Saturdays 9:00 am-1:00pm. We have a provider on call 24/7/365. And a Nurse Triage Line. This is available by calling our main number (813) 984-8846. We expect that you call 911 for a life threatening emergency. And that you call our Providers before you go the Emergency Department or Urgent Care.

Vaccine Policy

Julia Barriga, M.D.,P.A follows the American Academy of Pediatrics guidelines and CDC guidelines for well care and immunizations. We believe strongly in immunizations and protecting infants and children. We do not support alternate vaccine schedules or not vaccinating children. If your philosophy differs from ours, we request that you find another pediatrician. (read more on next page)

13 year old and older Privacy Policy (see Full Policy Description on next page)

I understand, in the interest of building a trusting relationship with our adolescents and teenagers, the providers may not be able to discuss all teenage issues discussed at appointments with the parents, unless the Providers feels the patient is a danger to themselves or has been abused.

Medical Home

Our team of Providers, Medical Assistants, Nurses and Supportive staff work very hard to provide comprehensive medical care and serve as your Medical Home. Therefore, we expect that you contact our office FIRST, before seeking specialty care, (going to see a Specialist) or heading to Urgent Care Facility. We have a provider on call who will be happy to guide you if you are worry about your child.

Patient Surveys

Surveys are an integral part of the visit since we can obtain information to provide you with the highest quality of care. If you choose not to complete these, we will be unable to adequately assess your child and do not feel comfortable providing care with only the surveys that insurance companies cover as this does not follow AAP guidelines.

We require that you complete these surveys BEFORE YOUR APPOINTMENT. You can complete these surveys before your child's appointment on your patient portal.

Patient Portal And Technology

We expect that all parents communicate to us through our Patient Portal for most of your needs, non urgent appointments request, refills, medical records request, Lab Results, School forms, Missed school forms, etc. We do will give more priority to this method of communication.

We use automated reminders please confirm your appointment via this method or you can request a cancelation as well.

Urgent Care

We offer evening hours and Saturday appointments. Please note that according to your insurance these Appointments Saturdays are subject to your insurance Urgent Care fees.

Specialist Care

As your medical home, we expect that you will contact our office to discuss care plans before scheduling an appointment with a specialist. We want to be involved in either providing care in our office where appropriate or referring you to the most appropriate specialist and helping coordinate your care. Whenever you do see a specialist, we ask that you request a report be sent directly to our office so we can coordinate all of your care. If you decide to go on your own and your insurance requires an authorization or referral we cannot do retroactive referrals. After we referred you to your specialist we need 10 business days in order to forward the referral notes and /or process an insurance authorizations. Please contact us via your patient portal with the specialist name and fax number in order to this. Please place this request 10 business days before your apt with Specialist.

Billing and Financial Responsibilities

It is expected that you solve ALL Insurance CONCERNS before you arrive to our office.

This includes changing PCP's, calling your policy to understand your policy or dispute a copayment or deductible during your appointment because this will cause a delay on your appointment. If the Concerns are not solved before your appointment, the appointment will be RESCHEDULED.

Payment is always due at time of service, and it is the patient's responsibility (patient's legal guardian) to understand how your insurance works including deductibles and co-insurance and to provide up-to-date insurance information at every visit. We will bill your insurance company, but if any charges are denied, payment responsibility returns to the patient and will be collected at your next visit. You can always make payments through the Patient Portal. Please refer to the detailed Financial Policy for more information.

Late Arrival Policy

We value your time and will make every attempt to see your child in a timely fashion. Please extend us the same courtesy and be on time for your appointment. If you are running late for your appointment please notify our office and we will attempt to make accommodations within our schedule. Patients who are more than 15 minutes late for their appointment may be considered a "No-show" and may be asked to reschedule their appointment.

School/Work Excuses

We are only able to provide school and work excuses for patients and/or parents who are seen within our office. At check-out you will be provided a note excusing the day that you were seen and the date deemed appropriate for you to return to work or school by the appointment provider.

Family Members or Other Guardians bringing patient to an appointment

Parent or Guardian may authorize someone else not already authorized on the New Patient Registration Form by filling out our form

"Authorization for Medical Treatment of Minors" posted on our website, and handing it to the front desk before the appointment. Make sure this person knows about the condition of the child, and is ready to make necessary payments if required. (Please refer to detailed information on form).

Medical Forms and Immunization Records Form Requests (we only accept Pre-Paid requests)

- i Medical Records: Request for medical records must be made in writing and contain the signature of a parent or guardian. Medical records requested for personal use will incur a charge of \$25 for the first 25 pages,\$1.00 per page, \$0.25 for each additional page . There is no charge to send medical records to another physician. Allow 10 business days to complete the request.

- i FMLA Forms: will be ONLY completed during a visit EXCLUSIVE for this reason. Parent must know what his/her employer is requiring on the form.
- i State of Florida Shot Records and Physical Forms are FREE of charge on your Patient Portal 24 hours after your kind request. Or \$2.00 per page if we print them in our office 24 hours after your request, or \$ 5.00 per page for a same day Rushed request.
- i Sports Physicals, if a "Sports Physical" is requested by your school or camp, patient needs an additional Well Child Exam appointment and parent needs to fill out front section of the Sports Physical Form. Sports Physical and Well Child Exam are different.
- i Regular Shot Records are available and can be printed from your patient portal at any time.
- i All other Letters are \$50.00 per letter and require 10 business days. Rush requests will be fulfilled provided we have all information in hand and the provider is available to complete it. Additional Rush Requests \$25.00

Medication Refills

Please allow our office 72 hours for prescription refills. Medication refills will only be done during our normal business hours. The on-call physician will not prescribe non-urgent refills after hours or on weekends. Patients must be seen prior to filling any new prescriptions that our office did not originally prescribe. Controlled medications (such as those for ADHD) cannot be e-scribed and will require a visit every 3 months. We don't do refills on Antibiotics or Asthma Medications. Some prescriptions require a visit at least every 3, 6 or 12 months, depending on the medication. Please request all prescription refills via the Patient Portal.

Legal action

If legal actions occur in which a physician or any employee of Julia Barriga, M.D.,P.A is requested or subpoenaed to provide testimony (such as a custody case), you will be responsible to pay Julia Barriga, M.D.,P.A directly for providing the following services: (a) the time spent preparing for court, (b) the time spent for transportation to/from court, and (c) the time spent appearing in court. Charges for legal services will be billed at \$300.00 per hour. If this legal action requires the physician to step away from patient care for an entire day, the fee will be \$15,000 for each day that they are unable to see patients. This fee is NOT reimbursable by a Third-Party Payer and is therefore the full legal responsibility of the patient and/or the patient's parent or legal guardian.

Custody/Divorce Agreements

Divorce decrees are a contract between two parents and not the physician and the parent. We cannot and will not withhold patient information from one parent at the request of the other parent without receiving a copy of the divorce decree verifying full custody. Unless a divorce decree is submitted to the patient's chart, we will provide care for the child regardless of which parent is at the appointment. Payment is due at time of service regardless of which parent holds the financial responsibility for medical services.

Misconduct and Threats to Staff and/or Providers

As a Practice WE DO NOT TOLERATE any verbal or physical threats made against our providers or staff. If a threat is made either verbally or in written form, the physician-patient relationship has been compromised, and the patient (and any family members, if applicable) will be discharged from the practice.

By signing below, you acknowledge and fully understand the Office Policies.

Signature of Parent/Legal Guardian Printed Name of Parent/Legal Guardian Date

HIPAA (Health Insurance Portability and Accountability Act)
I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have rights to privacy regarding my protocol health information. I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly. Obtain payments from third-party payers and conduct normal healthcare operations such as quality assessments and physician certifications. I understand that as part of my healthcare, Julia Barriga, M.D.,P.A . originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment. I have received, read, and understand, or declined to read, your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices. By signing our Consent Acknowledgement Form, you acknowledge you agree and fully understand the Health Insurance Portability & Accountability Act.

Signature of Parent/Legal Guardian Printed Name of Parent/Legal Guardian Date

Welcome to Julia Barriga, M.D., P.A. !

FINANCIAL POLICY

FINANCIAL GUARANTOR (This is the person that will receive Billing Statements in the mail. (Parents must agree on this and work arrangements out among themselves for payment issues)

Please be advised that you are initiating services to be rendered and ultimately you are financially responsible for all charges incurred whether paid by your insurance or not.

Patients are expected to:

1. Bring and present their insurance card to every visit. We must have a copy of insurance card to submit claims. We must have accurate personal and insurance information or patient may be given a 30 day notice of dismissal from the practice.
2. Newborns: Give the office current insurance plan information within 30 days of the date of service or we cannot file a claim to your insurance and you will be responsible for payment.
3. Have our name, Julia Barriga MD PA, listed on their insurance card as PCP if they have an HMO plan. If another doctor or facility is listed we cannot see the patient. Newborns have 30 days to have us added as PCP.
4. Review our Referral and Authorization Policy attached.
5. Pay co-payments, co-insurance, or the flat fee of \$80.00 if you have not met your deductible assigned by your insurance. When we receive an "explanation of benefits" from your insurance company, we will apply this amount towards your responsibility.
6. Pay personal balance due on account that is over 30 days old before next visit.
7. Methods of Payments include: Cash, Visa, Discover and Master Card, American Express, or online on Patient Portal via Instamed.
8. Understand there will be a \$30.00 fee assessed for any returned personal check or credit card that denies.
9. Keep appointments and arrive promptly. Notify our office of any need to cancel or reschedule. If appointments are "no shows" or canceled with less than 24 hours notice there will be a charge assessed. A courtesy reminder call is made, when possible, but it is your responsibility to know the date and time of your appointment.
10. Understand your insurance policy and its benefits. Understand there may be things your insurance plan does NOT cover. Every plan is different, and it is your responsibility to know your specific coverage. This is a contract between you and your plan.
11. Verify with your employer or insurance company if we are participating with your specific plan BEFORE scheduling appointments.
12. Understand if you will be responsible for the full charge if you choose to use our services and we are non-participating with your insurance. This payment is due on the date of service. We will with documentation to file a claim for your visit to your insurance company. They will reimburse you.
13. Provide coordination of benefits information to your insurance. If not, claims will be denied and will be your responsibility to pay.
14. Work with YOUR insurance to get prompt payment of claims. We will handle your claims according to our claims agreement with that insurance company.
15. Call us if you have any questions regarding the payment by your insurance company, our insurance department will try to assist you. Please have the "Explanation of Benefits" you received from your insurance on hand when you call our office.
16. Understand we will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary" charges, etc., other than to supply factual information as necessary. You will need to resolve these with your insurance.
17. Understand we cannot become involved in domestic disputes over who is responsible for the bill.
18. Understand once your account is 90 days delinquent and you have not made any attempt to make a payment or set up a payment schedule you may be sent to a collection agency and you may be discharged from the practice.
19. If you have a previous balance that has been turned over to the Collection Agency, you must be prepared to pay it in full. at the time of your future appointments.

Financial Guarantor

The adult signing this policy is responsible for full payment. It is your responsibility to arrange transfer of amount due to the grandparent/ guardian/ friend who accompanies child to the office.

Julia Barriga, M.D.,P.A will NOT honor the specific financial arrangements set forth in a Child Custody Agreement, Divorce Settlement Agreement, Divorce Decree from Judgment, or the like (the "Arrangements").

In cases of child custody, the parent who presents their child (the "Presenting Parent") for care and treatment is responsible for the payment of co-pays, co-insurance, and deductibles at the time of service. Upon request, Julia Barriga, M.D.,P.A will provide a duplicate copy of your receipt so that the Presenting Parent or guardian can seek reimbursement where appropriate.

I hereby grant permission to Julia Barriga, M.D.,P.A. to release any pertinent information to my insurance company upon request, and I also authorize payment directly to Julia Barriga, M.D.,P.A. A photocopy of this authorization shall be considered as effective and valid as the original.

OFFICE POLICIES CONSENT ACKNOWLEDGEMENT 9-2-19 office copy

1. Patient Name _____ Date of Birth _____
2. Patient Name _____ Date of Birth _____
3. Patient Name _____ Date of Birth _____
4. Patient Name _____ Date of Birth _____
5. Patient Name _____ Date of Birth _____
6. Patient Name _____ Date of Birth _____
7. Patient Name _____ Date of Birth _____
8. Patient Name _____ Date of Birth _____

This page represents a Summary of all Policies delineated for Julia Barriga, M.D.,P.A.

1. HIPPA (Health Insurance Portability and Accountability Act): I hereby acknowledge that I have been presented with a copy of Julia Barriga, M.D.,P.A. Notice of Privacy. I understand that I may request in writing that you restrict how my privacy information is used or disclosed to carry out treatment, payment, or health care operations. I also understand I am not required to agree to (Julia Barriga, M.D.,P.A. requested restrictions, but if parents agree, then parent is bound to abide by such restrictions.

Parent/Guardian _____

2. Julia Barriga, M.D.,P.A. Financial Policy: I have read, understand, and will comply with the Financial Policy. I understand that I am responsible for the charges accrued by my child/children regardless of insurance benefits. If in using the information I have provided today or in previous occasions, Julia Barriga, M.D.,P.A. is unable to collect from my child's insurance company, I accept full responsibility for the payment of child's bills.

Parent/Guardian _____

3. Appointment Policy/Office Policies, NO- SHOW Policy : I hereby acknowledge that I have been presented with a copy of Julia Barriga, M.D.,P.A. Office Appointment Policies handout and understand my responsibilities. I have read and understand them.

Parent/Guardian _____

4. Patient Guidelines and Consent for Use of Patient Portal: I hereby acknowledge that I have been presented with a copy of Julia Barriga, M.D.,P.A. Patient Guidelines and Consent for Use of Patient Portal. Communications policies and understand my responsibilities.

Parent/Guardian _____

5. Vaccine Policy. I hereby acknowledge that I have been presented with a copy of Julia Barriga, M.D.,P.A. Vaccine Policy. And I choose to follow the Policies. Parent/Guardian _____

6. 13 year old and older Privacy Policy. I hereby acknowledge that I have been presented with a copy of Julia Barriga, M.D.,P.A. 13 year old and older Privacy Policy and I choose to follow the Policies. Parent/Guardian _____

7. Consent for treatment and Examination. I voluntarily give authorization for the medical treatment to the providers at Julia Barriga, M.D.,P.A. This permission is given for patient(s) listed to receive any medical/surgical procedure, x-rays, drug, or laboratory test, medication or exam, as may be deemed necessary by the providers.

8. I authorize the release of medical records to my insurance company. In the event that. Julia Barriga, M.D.,P.A. files to my insurance, I authorize benefits to be paid directly to . Julia Barriga, M.D.,P.A.

The office policies and protocols will be updated periodically as the practice grows and changes will be made accordingly. These updates will be available on our website as well as in our office.

I acknowledge that I have read this document in its entirety and fully understand it and will comply with all of Julia Barriga, M.D.,P.A. policies and protocols, or I have declined to read. I also acknowledge I have been given copies of all the policies mentioned above, if requested, and I was given the opportunity to ask any questions.

Print Parent/Guardian Name: _____ Signature: _____ Today's Date _____

Print Witness Name: _____ Signature: _____ Today's Date _____