

Preferred Pediatrics                      241 NW McNary Ct.                      Lee's Summit, MO 64086  
P- 816-347-0064    F- 816-347-0593    [www.preferredpediatrics-ls.com](http://www.preferredpediatrics-ls.com)

**Office Policies & Consent to Treat**

**YOUR INFORMATION:** Please provide your most current contact information such as phone/cell numbers, address etc. Also, please bring your insurance card to each visit to ensure accurate filing and payment from your insurance carrier.

**TECH POLICY:** Please refrain from using your cell phone when your child is in the room and being seen for their appointment and also when checking in and/or out of the office. You are not allowed to photograph, video, or voice record any part of the patient visit without the consent of the provider; violation will result in patient termination with our office.

**APPOINTMENT POLICY:** Patients with scheduled appointments are seen between 9:00am and 4:30pm Monday through Friday. If you have an appointment scheduled for a child, and would like an additional child to be seen, please call our office in advance of coming to the office. We will do our best to accommodate you. Please provide a 24-hour notice if an appointment needs to be canceled.

**TREATING MINORS WITHOUT A PARENT OR LEGAL GUARDIAN:** Preferred Pediatrics requires a dated and signed "authorization for medical treatment of a minor" form when a minor is being accompanied to their appointment by a person other than the birth parent or legal guardian. This includes step parents, grandparents, day care providers, nanny, baby-sitter, etc. Non-emergency care may be denied without this form.

**PAYMENT/RESPONSIBLE PARTY:** Please pay the co pay your insurance requires and any outstanding balance or a payment towards that balance at the time of your visit. **Please contact your insurance company to verify the benefits available including well baby care, laboratory, radiology and vaccinations.** It is the responsibility of the guarantor to pay any outstanding charges not covered by their insurance benefit. The billing office can discuss possible pay arrangements with you if needed. In cases where there is a divorce, the parent bringing the child into the office will be responsible for payment and will need to collect from and other responsible party on their own. With regard to phone calls requesting to speak directly to the doctor, a charge may be incurred if certain criteria are met such as complexity and length of the call.

**PRESCRIPTION REFILL/FORM COMPLETED/REFERAL REQUEST:** Please allow at least 24 to 48 hours for all forms to be completed, Daycare forms, FMLA forms and all of forms will have **fees** please see **form fee schedule**. Insurance referrals and prescription refill request will be 24 to 48 hour process. Please note that in compliance with Missouri Law, some medication prescriptions must be picked up at our office. These prescriptions will not be sent directly to your pharmacy and you will be notified in advance if this is the case, please be prepared to show identification if requested when picking up these items.

**CONSENT TO TREAT:** I, the undersigned patient, parent or legal guardian is responsible for consenting on patient's behalf, hereby request and consent to the children listed below, to be examined and treated by the medical, nursing and other healthcare personnel who may participate in the patient's care. I hereby authorize the clinicians of Preferred Pediatrics, **to administer vaccinations (see policy) and all other medical procedures** to the children below.

**PLEASE SIGN BELOW TO VERIFY THAT YOU HAVE READ AND UNDERSTAND OUR OFFICE POLICY AND CONSENT TO TREAT**

Signature of Patient, Parent or Legal Guardian: \_\_\_\_\_

Printed name of person signing and relationship to patients: \_\_\_\_\_

Child/Children(s) Name(s) \_\_\_\_\_

Date: \_\_\_\_\_