

Children's Mercy - Preferred Pediatrics, INC.

241 NW McNary Court
Lee's Summit, MO 64086
Phone (816) 347-0064
Fax (816) 347-0593

Noel Graham, MD, FAAP
Jared Palfreeman, MD, FAAP
Sherri Quick RN, MSN, CPNP
Adrienne Menghini, FNP, CPNP

PATIENT DEMOGRAPHICS

Today's Date: _____

Child's Name: _____ Male _____ Female _____
(Last) (First) (MI)

Child's Address: _____
(Street) (Apt)

(City) (State) (Zip Code)

Phone #: _____ Date of Birth: _____ SSN: _____

Primary Physician: _____

Father's Name: _____ SSN: _____ DOB: _____

Employer: _____ Work Ph #: _____ Cell Ph #: _____

Email Address: _____

Mother's Name: _____ SSN: _____ DOB: _____

Employer: _____ Work Ph #: _____ Cell Ph #: _____

Email Address: _____

Parents are: Married _____ Separated _____ Divorced _____ Unmarried _____

If parents are not married, who has legal custody of child? _____

Emergency Contact, if parent is not available: _____
(Name) (Phone)

Type of Insurance: Commercial Medicaid Self Pay (None)
(Please Circle All That Apply)

Who Carries Insurance on Child(ren): _____

If parents are not married who is responsible for the balance?

Name: _____

Address: _____

Phone: _____

If you have two insurances (Primary and Secondary) you will need to fill out two insurance forms. With holding insurance information is fraud and are subject to prosecution.

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INSURANCE CHANGE FORM

Today's Date: _____

Old Insurance: _____

New Insurance:

Subscriber Name (or name on card)	Effective Date
Subscriber Date of Birth	
Member ID:	Group ID:
Claims Address	Name of Patient(s)
	Date of Birth:

ABC INSURANCE

PARTNERS

<p>1 Member Name JOHN Q. SAMPLE</p> <p>2 MemberID Number HFM3HZN12345678</p> <p>3 GROUP NUMBER 012345-6789</p> <p>4 EFFECTIVE DATE XX/XX/XXXX</p> <p>5 PLAN CODE 380/780</p> <p>CONTRACT TYPE FAMILY</p> <p>PCP NAME DOE DR, JOHN</p>	<table style="width: 100%; border-top: 1px solid black; border-bottom: 1px solid black;"> <tr> <td>OFFICE VISIT</td> <td style="text-align: right;">\$30</td> </tr> <tr> <td>URGENT CARE</td> <td style="text-align: right;">\$50</td> </tr> <tr> <td>SPECIALIST</td> <td style="text-align: right;">\$30</td> </tr> <tr> <td>EMERGENCY ROOM</td> <td style="text-align: right;">\$100</td> </tr> </table> <p>RxBIN 012345</p> <p>RxPCN ABCD</p> <p>RxGRP 0123456789</p> <p style="text-align: right; font-weight: bold;">PPO</p>	OFFICE VISIT	\$30	URGENT CARE	\$50	SPECIALIST	\$30	EMERGENCY ROOM	\$100
OFFICE VISIT	\$30								
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www.ABCInsurance.com

24/7 Nurse Health Information Line call 1-888-123-4567

For EAP and Behavioral Health assistance 1-888-123-4567

24/7 Doctors at 1-888-123-4567 or Teladoc.com

The primary care cvmdv czvlm clzdf lvdn,v.v,xz.v,mvc afkc ,d .vd vdl armv m,xzcv czlv ,ZLv fv,v.,v.z/XV,z v ,cvclvb vFoff mv cv,mv z vd mcmxzvZLVm vmvdmF dfefke md" vzVI mv vdm/vbmlvmbls acfdvdfll.

6 ABC Insurance Partners

P.O. BOX 12345

ANYWHERE US 123456 - 0789

7 MEMBER SERVICES 1-888-123-4567

PRECERTIFICATION ONLY 1-888-123-4567

RX MEMBER SERVICES 1-888-123-4567

- 1 **Subscriber Name:** If commercial insurance this is the name of parent carrying insurance. All other insurance it is patient name.
- 2 **Member ID:** If card does not say Member ID this usually the top set of numbers.
- 3 **Group ID:** Card will say Group ID or use second set of numbers.

- 4 **Effective Date:** Date Insurance coverage started.
- 5 **Primary Care:** This should be the name of a provider in our office.
- 6 **Claims Address:** This is the address of your insurance company.
- 7 **Member Services:** This number is for customer service.

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241 NW McNary Ct, Lees' Summit MO 64086

P-816-347-0064 F-816-347-0593

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 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: Patient's 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 stepparents, grandparents, day care providers, nanny, baby-sitter, etc. Non-emergency care may be denied with this form.

PAYMENT/RESPONSIBLE PARTY: Please pay the copay your insurance requires and any outstanding balance or a payment towards balance at 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 the insurance benefit. The billing office can discuss possible pay arrangements with you if needed. In cases where there is a divorce, the parent bringing in the child into the office will be responsible for payment and will need to collect from the other responsible party on their own. Regarding 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/REFERRAL REQUEST: Please allow at least 24 to 48 hours for all forms to be completed. Daycare forms, FMLA forms, and all other 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 prescription must be picked up at our office. These prescriptions will not be sent directly to your pharmacy. You will be notified at time of appointment if prescription will need to be picked up. 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 participating 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 relation to patients: _____

Child/Children(s) name(s): _____

Date: _____

Children's Mercy - Preferred Pediatrics, INC.

Race/Ethnicity Form

Patient Name: _____

Patient Date of Birth: _____

Race:

American Indian/Alaskan Native Asian Black/African American
Hawaiian/Pacific Islander White

Ethnicity:

Hispanic/Latino Non-Hispanic/Latino

Preferred Language:

English Spanish French German Other: _____

The majority of prescriptions in our office are sent electronically. Please provide at least one pharmacy and its address and/or phone number that you would like to have your prescriptions sent to.

Pharmacy: _____

Address and/or phone number: _____

disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to Privacy Officer, 241 NW McNary Ct., Lee's Summit, MO 64086. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to Privacy Officer, 241 NW McNary Ct., Lee's Summit, MO 64086.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Privacy Officer, 241 NW McNary Ct., Lee's Summit, MO 64086.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Privacy Officer, 241 NW McNary Ct., Lee's Summit, MO 64086. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain

location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to Privacy Officer, 241 NW McNary Ct., Lee's Summit, MO 64086. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, you must make your request, in writing, to Privacy Officer, 241 NW McNary Ct., Lee's Summit, MO 64086.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Privacy Officer, 816-347-4064. All complaints must be made in writing. You will not be penalized for filing a complaint.

NOTICE OF PRIVACY PRACTICES

Preferred Pediatrics

Effective Date: September 23, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact Privacy Officer, 241 NW McNary Ct., Lee's Summit, MO 64086.

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

For Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment. We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the obstetrical or gynecological care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

SPECIAL SITUATIONS:

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for

example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer

Children's Mercy-Preferred Pediatrics, INC.

RECEIPT OF NOTICE OF PRIVACY PRACTICES

WRITTEN ACKNOWLEDGEMENT FORM

Please check one:

- I have received a copy of Preferred Pediatrics Notice of Privacy Practices.
- I decline to accept a copy of Preferred Pediatrics Notice of Privacy Practices.

Patient's Name: _____

Signature of Guardian: _____

Date: _____

Children's Mercy - Preferred Pediatrics, INC.

Instructions to Follow My Health Patient Portal

YOU WILL RECEIVE AN EMAIL FROM FOLLOW MY HEALTH PATIENT PORTAL!

Please click on the link to register. You will be asked for a security code. This will be the year of birth of your youngest child. (example: 2004)

Once you are registered and logged in you will see your information first. You are called the proxy since the child is not yet 18 years old. If your child is 18 years or older the patient will need to be signed up under their own email address.

Please watch the tutorial at the beginning once you have logged in. There will be limited staff at our office to help with troubles on the portal. Watching the tutorial will help you with most all questions.

There is a drop-down box that says Hello "your name" at the top where you can choose which of your children's information you would like to view. Not all information is available in the patient portal. You will be able to view past appointments, current medications, vitals, and immunizations. You will be able to request a refill on a current active medication on the med list, request a non-urgent/non-sick appointment (example: sport physical, well child checkup, or follow up appointment), and can send messages to the nurse or provider. When request any of these please allow 48 to 72 business hours for our office to process your request. You will either get a return message via email or by phone.

Instructions for portal on smart phone

1. Download Application in Appt store "My Health".
2. Sign in
3. To find vaccine record: click on accounts on left hand corner and change to whichever child's name is needed.

(Continued on back)

How to locate immunization records on portal via computer

- Log on to follow my health
- On top bar where it says Hello click on the patient you need vaccine records
- Choose "My Health Button"
- Choose "Immunizations"
- Click "Send"—This will allow you to email, print, or fax records

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Patient Portal Sign-Up

Sign-up for our new patient portal. In the patient portal you will have access to your child's vaccine record, health history, request refill on active medications, send messages to nurse, and request appointment for non-ill visits.

Please Print:

Parent Name: _____

Parent Email: _____

Address: _____

City: _____ **State/Zip Code:** _____

Phone number: _____

Child's name: _____ **Date of Birth:** _____

Child's name: _____ **Date of Birth:** _____

Child's name: _____ **Date of Birth:** _____

PLEASE GIVE TO FRONT DESK!



Noel Graham, MD, FAAP Jared Palfreeman, M.D. Sherri Quick, RN, MSN, CPNP Adrienne Menghini, RN, CPNP, FNP

IMMUNIZATION POLICY

Preferred Pediatrics is dedicated to the healing and wellness of our patients. Preferred Pediatrics top concern is to ensure that our patients, staff, and the community promote health and safety. We recognize there is a concern about immunizations being safe.

Pediatricians' partner with parents to provide the best care for their children, and what is best for children is to be fully vaccinated. Immunizations are overwhelmingly safe. There is no controversy regarding the safety and efficiency of immunizations.

The healthcare providers of Preferred Pediatrics:

- Require that patients be immunized according to the CDC recommended schedule.
- Require that immunizations be given at the first well visit per the CDC recommended schedule.
- Any discussion specifically regarding immunizations needs to be a separate office visit to allow time to properly educate and review the recommended schedule.

There are medically recognized contradictions that will be an exception determined by the provider. Other exceptions are:

- Vaccine is not available at the time of office visit.
- Patient is experiencing a severe illness within 24 hours of scheduled immunization.
- Patient does not meet the approved age requirements

Influenza immunizations are highly recommended but not required; due to difficulties every year, supply, and effectiveness.

Any missed immunizations will be administered at the next appropriate visit.

Preferred Pediatrics will try to honor alternate immunization schedules by an outside pediatrician. Alternate schedules can be used if the patient/parent and provider both agree on the alternate schedule.

Preferred Pediatrics acknowledges your rights as parents/guardians to make any and all healthcare decisions for your children. The American Academy of Pediatrics emphasizes the safety and importance of vaccines.

If you cannot comply with this policy, we respectfully cannot provide healthcare at our facility. We will be able to provide your child's medical record to another clinic directly with no fee. We cannot make referrals to another provider who may accept non-vaccinated patients.

If you would like more information on immunizations, please visit our web page for a list of websites.