

OLYMPIA PEDIATRICS, PLLC
3434 12th Ave NE
Olympia, WA 98506
(360) 413-8470

Policy Summary

Thank you for choosing our clinic for your child's healthcare. Olympia Pediatrics is dedicated to providing quality medical care for children. We want to work with you to assure your child's well being. As you are aware, the business of providing healthcare is increasingly complex. For our office to operate effectively and provide the best service to you and your child, we need your cooperation with the following policies. Your clear understanding of these policies is important. Please let us know if you have any questions.

Below is a summary of our policies outlined on the attached pages. These policies have been written using insurance contractual requirements and Washington state law.

1. Payment is due at the time services are provided. You may be asked to reschedule your appointment if the co-pay or payment is not provided.
2. A fee of \$25 will be charged to any account with a check returned unpaid by the bank.
3. A copy of your insurance card/s is required **at each visit.**
4. We require a signed and dated consent form by a parent or legal guardian to legally provide medical care to any minor child unaccompanied by a parent or a guardian.
5. For cancellations, please let us know at least 24 hours in advance. For same day appointments, please let us know 1 hour in advance. Arriving more than 10 minutes late may require the visit to be rescheduled.
6. Our no show policy states that after 3 failed appointments without proper notice, your family may be dismissed from our practice.
7. Under no circumstances should a child be left unattended in the waiting area or exam rooms.
8. Angry, threatening or intimidating behavior, or foul language directed at our staff is not tolerated and will be grounds for immediate dismissal from our practice.
9. Due to the risk of anaphylactic reaction (severe allergic reaction), a waiting period of 30 minutes is required for any patient receiving any allergy shot or certain medication injections in our office.
10. All patients' medical records are strictly confidential. A medical release form, signed by the patient/ parent/legal guardian (if the patient is over the age of 14, he/she must sign the medical release) is required for copies of medical records to be released. The immunization records & growth charts are provided at no charge. The current fee for record copying is \$1.09 for the first 30 pages, plus \$0.82 per page for 31 or more pages, plus tax. Payment in advance and 48 hours notice is required.

My signature on this form acknowledges that I have read and understand the policies stated above. I have had the opportunity to ask questions. By not adhering to these policies I may be asked to leave Olympia Pediatrics. I have received a copy of the policies.

Signature of Parent/Guardian

Date

PATIENT NAMES(S) _____