



Integrative Pediatric Health Care

IPHC Policy Statements: Updated June 2026

No Show / Cancellation Policy:

We are committed to accommodating every family's health care needs. **We require at least 24 hours' notice to cancel or reschedule an appointment whenever possible.** We understand that illness, emergencies, and unexpected circumstances arise — exceptions will be considered on a case-by-case basis. A missed appointment without prior notice is recorded as a no-show, regardless of whether you call afterward. No-shows incur a \$25 fee (Medicaid patients are excluded). This policy applies to all children in your family and follows a progressive process: we will issue a warning after the 1st and 2nd no-show for any child, and dismissal from the practice — including all children in your family — after a 3rd no-show. **Any new patients who no show for their first appointment will be inactivated and cannot return to the practice.**

Late Policy:

There is no grace period — any arrival after your scheduled time is considered late. If you are late for a well child visit, you will be rescheduled for the next available well visit slot, which may not be the same day or week. If you are late for a sick visit, we will do our best to fit your child into the next available time slot, though this may require a wait or a return visit later in the day. If we cannot accommodate you, you may be directed to Urgent Care or asked to reschedule for the following day. We reserve the right to dismiss patients for excessive tardiness or repeated no-shows. We encourage you to arrive 5–10 minutes before your appointment to allow time for check-in. Our providers strive to run on schedule and do not cut visits short when another patient needs extra time. If your provider is running behind, we will notify you at check-in and offer the option to reschedule. If you are running late, please call ahead so we can plan accordingly.

Consent/Care Expectations:

A parent or legal guardian is expected to accompany your child to all appointments. In an emergency, another trusted adult (such as a grandparent or nanny) may bring your child, provided you have completed and signed the **IPHC Medical Care Authorization Form** signed by a legal guardian. If a child arrives without a parent and without signed consent on file, the visit will be cancelled. A legal parent or guardian is especially important to have present at well visits.

Well Visits Office & Telehealth Visit Requirements at IPHC:

IPHC is a primary care practice. Our mission centers on health promotion, developmental surveillance, education, preventive health, and ongoing social and community support. While we also care for illness and injuries, wellness is at the heart of our holistic approach. It is therefore a **requirement** at IPHC that each child receive scheduled child visits in accordance with AAP guidelines. These visits help us detect growth and developmental concerns — including speech, motor skills, feeding, behavior, and sensory issues — early and accurately. We follow the American Academy of Pediatrics' Bright Futures schedule: newborn, 1–2, 4, 6, 9, 12, 15, 18, 24, 30, and 36 months, then annually after age 3. **If transportation, insurance, childcare, or another barrier makes it difficult to keep up with well visits, please speak with a provider — we want to help find solutions. If we notice a gap in your child's routine care, we will reach out by phone or email to schedule an appointment. Families who choose not to follow the standard well child visit schedule may be asked to transfer care.**

Office & Telehealth Visit Requirements

For sick visits and acute concerns, IPHC is your medical home — please reach out so we can triage and accommodate you whenever possible. Our goal is to reduce unnecessary ER and Urgent Care visits. In some situations, we may need to

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direct your child's care elsewhere. We ask that ER services be reserved for true emergencies: situations that are life- or limb-threatening, or where a delay in care could cause harm. If we have appointments available, please contact us before going to the ER. If you're unsure, call us and ask to speak with a provider right away. For non-emergencies we cannot accommodate, please use Urgent Care. Our team is always available to help guide you to the right level of care.

Telehealth visits are a highly effective way to gather medical history, conduct a limited exam, identify potential diagnoses, order testing, and provide medical guidance for a wide range of concerns. IPHC staff will determine whether a telehealth visit is appropriate for your child's needs. Children with cough, cold, or respiratory symptoms may be asked to complete a telehealth visit before coming into the office. By scheduling a telehealth visit, you authorize IPHC to use our telehealth platform for communication. Providers may use video or phone depending on the circumstances and technology availability. Please be flexible if technical issues affect the start or end of a session. **Telehealth visits are the same billing practice as office visits and current insurance will be billed and co-pays charged accordingly. If clients decline a telehealth visit, medical advice may not be given depending on circumstances.**

After Hours:

IPHC has a provider on call after business hours. This service is to be used **ONLY** for urgent concerns only. Before calling, please use the online triage tool at IPHCdenver.com to help determine whether your concern requires after-hours attention. Do not call for issues that can wait until the next business day. After-hours on-call coverage is a courtesy and is not guaranteed — staffing limitations or holidays may affect availability. To reach the on-call provider, call our main number and follow the prompts. You may not reach the provider immediately; leave a message and we will return your call as soon as possible. After-hours services may be billed as a telehealth visit depending on the complexity of the concern. You are also welcome to use Urgent Care, but please contact us before going to the ER.

Medical Advice/Recommendations:

IPHC providers approach care through a relationship-based philosophy, working collaboratively with families to develop individualized care plans. Our medical advice and recommendations are grounded in evidence-informed guidelines and pediatric professional standards. We understand that parents may sometimes disagree with a recommendation — when that happens, we welcome open dialogue. Parents always retain the right to decline medical advice. Conversely, our providers may discontinue care if a family's decisions are deemed to pose a risk to the child's health or if the patient/provider relationship can no longer be supported. Our providers are mandated reporters and are required to involve Child Protective Services when there is imminent risk of harm due to neglect or abuse. Please refer to our separate Immunizations Policy for related guidelines.

Behavior/Communication Standards:

Your child's wellbeing is our top priority, and we are committed to providing excellent care and service to every family. We ask that all interactions with our team — in person, by phone, or online — be respectful and courteous. We understand that parenting is stressful and frustrations arise; if you have a concern or grievance, please ask to speak with an IPHC owner. Behavior that is hostile, threatening, manipulative, or bullying may result in immediate discharge from the practice without prior notice.

Provider Interactions:

We strive to keep you with your regular provider, especially for well child visits. For sick or urgent visits, we will do our best to schedule you with your primary provider; however, you may be seen by the next available provider when needed. Our providers work as a team and share relevant information with one another to ensure safe, high-quality care. If you would like to see a different provider, we will consider that request on a case-by-case basis, though we

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generally encourage families to stay with their assigned provider. If the request stems from dissatisfaction, we recommend a care transfer to another office. We welcome honest feedback and are committed to addressing concerns directly. Please note that if you formally dismiss one of our providers, we will not be able to continue seeing your child with another provider in our practice.

Financial Policy:

As a courtesy, IPHC will file insurance claims on your behalf to help you receive the maximum benefits available. This does not apply to health shares, out-of-network plans, or non-traditional “health coverage plans” such as Freedom Life, US Health Group, or Liberty Mutual. **It is your responsibility to verify we are in network with your insurance plan prior to your visit and that the insurance is active and eligible on the date of service--we cannot do this for you.** You can verify network status using the Provider Finder tool on your insurer’s website or by calling their customer service line. Prior to your visit, please provide complete and accurate insurance information. A current insurance card, photo ID, and a credit card on file are required. **If you do not have active insurance or cannot provide proof of coverage, you will be treated as self-pay and payment will be due at the time of service; otherwise, the appointment may be cancelled or rescheduled. We are unable to resolve insurance discrepancies during your appointment time — if issues arise at check-in, you may be asked to reschedule.**

Payment for health care services is your responsibility. Co-payments & Self Pay payments are collected prior to the visit and will be billed to the credit card on file unless you specifically state an alternate method. If your insurance company does not pay or does not cover the services provided for your child, **you will be held liable for those fees.** Insurance plans do not always cover the full cost of developmental screening tools used at well child and adolescent visits. Any uncovered costs will be billed to you directly. **Credit Card on File Agreements** are required by all clients. Any exceptions must be approved by the provider. **Credit cards on file will be used for co-pays (unless you pay cash/check), self-pay at time of visit, and any balance not paid 30 days after the first statement.** Please determine the extent of coverage and potential for personal liability before we provide services to you. We are happy to provide an estimate of cost upon request.

Co-payments are due at check-in on the date of service and may be paid by cash, check, or credit card. Post-dated checks are not accepted. A \$40 fee will be charged for any returned checks. **Co-payments cannot be waived**, and there will be a \$15 charge for non-payment of co-pays or self pays on the day of service.

Monthly statements are sent by mail or email, and **payment is due upon receipt.** Payment plans are available upon request for accounts in good standing. **Balances over 90 days old will be sent to collections, a 25% collection fee will be added, the full balance becomes immediately due, and your child may be dismissed from the practice — this is a final decision.. It is your responsibility to keep an updated address, email, and contact information on file with us.** If your account is placed for collection with an agency for non-payment, the undersigned Responsible Party agrees to pay all costs of collections including, but not limited to, court costs, reasonable costs of collection charged by the agency, and reasonable attorney fees, as permitted by statute or court judgement.

If you plan to use commercial insurance (such as BCBS, Aetna, or Cigna) for your newborn’s visits, your infant must be added to your policy within 30 days of birth. Please note that the mother’s policy does not cover newborn visits. If insurance is not confirmed within 30 days, the account will default to self-pay and any balance will be due in full. Medicaid families are not eligible for self-pay billing and must add the child to Medicaid **IMMEDIATELY** right away. Newborns without a verifiable Medicaid number by 2 weeks of age will not be scheduled until they are active in the web portal. Please be aware that Denver Health Medicaid only pays Denver Health providers, so enrollment in the correct plan is critical for your child to be seen at IPHC.

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Insurance networks, provider panels, and plan coverage change regularly and are outside our control. We strongly encourage you to verify that IPHC is in-network with your plan before every visit, and especially after any change in employment, plan, group number, or carrier. **It is the client's responsibility to be up to date with insurance billing information. If your insurance is not active, out of network or if insurance does not pay for services rendered you will be responsible for the full amount for the visit(s).**

Electronic Communication:

IPHC communicates through several HIPAA-compliant platforms. These tools allow us to collect consents, insurance information, screening documents, and payment details, and to send appointment reminders. We also use a secure patient portal for messaging, document uploads, and record requests. All clients are required to activate and use the portal — if you need help getting set up, please let our staff know. For non-urgent questions, record requests, paperwork, and condition-related photos, please use the portal. **Please do not send protected health information via email.**

SMS consent disclosure:

By providing your mobile number and checking this box, you agree to receive text messages from Integrative Pediatric Health Care regarding appointments, account questions, basic updates, clinic emergency alerts, etc. Message and data rates may apply. Message frequency varies. Reply STOP to opt out at any time. Reply HELP for assistance. View our Privacy Policy at IPHCDenver.com/forms-records/IPHCPolicies.

It is your right to unsubscribe or opt-out of these communications. Our office kindly asks you to opt-in for efficiency of service.

Divorce, Separation or Custody:

We understand that many children in our office have parents who are separated or divorced. It is our hope that separated/divorced parents will still communicate and work well together in the best interests of the child (or children). Shared parental decision-making responsibility, previously known as “joint custody”, means that each parent has equal access to the child or children’s medical records. When asked, we will discuss with a parent the medical information the other parent received from the provider during a visit. We will not routinely notify the other parent when a child is being seen in our office or call the other parent for consent to treatment. Should the issues between parents and/or other caregivers become disruptive in the functioning of our office, we will ask the parents and the patient(s) to leave our office and return once the issues are resolved. If the issues cannot be resolved, we will discharge the patient from further treatment by our office. We will not hesitate to call the authorities if anyone in our office (i.e., parents, caregivers, patients) threatens harm to another person.

Electronic Medical Records:

IPHC is committed to the secure electronic exchange of health information. We participate in the Health Information Exchange (Contexture), the Colorado Immunization Information System (CIIS), and connect with insurance, pharmacy, and lab clearinghouses. HIE participation allows us to share your child’s health information efficiently with other participating providers, helping emergency personnel access critical data and reducing unnecessary duplicate testing. You may opt out of HIE participation at any time — just let a staff member know. All clients are expected to create and maintain a patient portal account to support secure communication about your child’s care. **Please do not send HIPAA-**

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protected information about your child through regular email — use the patient portal instead for all sensitive communications.

IPHC reserves the right to change our policies and procedure at any time, and patients will be notified whenever applicable.

Inactive Client/Termination of Care:

In some circumstances, a child may be inactivated or discharged from IPHC. Reasons may include, but are not limited to: (1) missing multiple well visits; (2) no well child or sick visit in over two years for children over age 2; (3) failure to follow provider recommendations; (4) excessive tardiness or repeated no-shows; (5) hostile or aggressive behavior; (6) unresolved custody or legal concerns; (7) receiving ongoing care from multiple pediatric practices simultaneously; (8) violations of office policies; or (9) an irreparable patient/provider relationship.

Consent: I am the parent or guardian and hereby consent to the treatment of my child by the licensed health care providers and their staff at Integrative Pediatric Health Care applicable to state, federal and local laws and scope of practice standards. I consent to the use or disclosure of protected health information for purposes of diagnosing or providing treatment or obtaining payment for health care bills or to conduct health care operations. I have read and understand the Notice of Privacy Practices which can also be accessed on IPHCDenver.com where I may keep a copy for my records. I am opting in to receive communications according to the policy above. I will notify staff at IPHC to opt-out at any time.

Your signature below indicates you have read, understand, and agree with these policies. Failure to read the entire policy document above does not relieve your responsibility for its contents. PLEASE READ THE POLICIES BEFORE SIGNING.

Authorized signature: _____ **Date:** _____

Authorized signer's name: _____ **Relationship to Child:** _____