



## Integrative Pediatric Health Care

### IPHC Policy Statements: Updated January 2022

#### No Show / Cancellation Policy:

Patient Name: \_\_\_\_\_

Our goal is to accommodate all patients' health care needs and schedules. **Therefore, we require a 24-hour notice if you are cancelling an appointment whenever possible.** There will be exceptions made related to family illness or emergencies during the pandemic or unforeseeable circumstances. If you do not arrive to your appointment, it is considered a no show (even if you call later and tell us you forgot). Any no-shows will be charged a \$25 fee (Medicaid pts are excluded). Our policy includes all children in your family and follows a specific process--we will attempt a warning for 1<sup>st</sup> and 2<sup>nd</sup> no shows of any child(ren) and dismissal from practice after 3<sup>rd</sup> no show (this will include the dismissal of all children in your family). **Any new patients who miss/are late to their first appointment will be inactivated and cannot return to the practice.**

#### Late Policy:

**If you are late for your well child appointment (defined as ANY TIME after your appointed time), you will be rescheduled in the next available well visit slot which may take several days to weeks. If you are late for a sick visit, we will try to accommodate your child by reappointing in the next time slot, however this will usually require either waiting for a provider or coming back.** There may be times when this process is not possible, and you will need to visit Urgent Care or wait until the next day appointment. We reserve the right to dismiss patients from practice for excessive tardiness or no shows. We encourage you to arrive 5-10 minutes prior to your appointed time to allow for check-in and getting settled. Our providers do their best to be punctual. Our providers do not cut visits short if extra time is needed by another appointed patient; therefore, if your provider is delayed, you will be notified at the time of check-in, and we will keep you informed and/or offer you the ability to reschedule if we are running behind to offer you the same courtesy.

#### Consent/Care Expectations:

You are expected as a parent or legal guardian to accompany your child to all appointments. In the event of an emergency, you can have another adult individual (i.e., grandparent, nanny) bring your child if you have completed and signed the IPHC Medical Care Authorization form signed by a legal guardian. If a child arrives with a non-parent and no signed consent, the visit will be cancelled.

#### Well Visits Office & Telehealth Visit Requirements at IPHC:

IPHC is Primary Care practice, meaning our purpose is health care promotion, developmental surveillance, education, preventative health discussions, and ongoing social and community support. While our model supports illness and injury care, the wellness component is central to a holistic Primary Care focus. Therefore, it is a **requirement** at IPHC that each child receive scheduled well child visits which will aid in the detection of subtle or obvious growth and development issues (i.e., developmental (speech, motor, etc) feeding or growth issues, behavior/sensory issues). IPHC follows the American Academy for Pediatrics' Bright Futures Guidelines for well visits (newborn, 1-2, 4, 6, 9, 12, 15, 18, 24, 30, and 36 months, and annually after age 3). **If there is a barrier to this like transportation, insurance loss, etc, please talk to a provider about your options. If your child has not had regular well child-care, you will be contacted by call or email and asked to make an appointment to ensure the assessment of your child. Parents who chose not to follow the standard schedule of well child-care visits may be inactivated and asked to transfer care. Parents who verbally state they will not bring their child to routine visits will be asked to seek care elsewhere.**



### **Office & Telehealth Visit Requirements**

For illness visits or acute needs that arise, we are your medical home. Please reach out to us with your concerns so we may appropriately triage and accommodate whenever possible. We have a goal to reduce unnecessary ER and Urgent Care visits. In some cases, we may not be able to accommodate and will direct your care elsewhere. We expect parents to appropriately utilize ER services for emergencies only. If IPHC has appointments available, please do not go to the ER unless it is truly life or limb threatening, or you have been directed to by a provider. If you are unsure, please call and ask to speak to a provider right away.

Telehealth Visits are a highly effective way to obtain a medical history and provide a limited exam and to identify potential diagnoses, direct appropriate testing if applicable, and give medical advice for children with varied concerns. IPHC staff will determine if a visit is appropriate for telehealth. IPHC has implemented pandemic safety protocols which require telehealth for any child with cough and cold symptoms and ruling out COVID prior to entering office either by test or by provider discretion. When you schedule a telehealth, you authorize IPHC to use a telehealth practice platform for telecommunication. However, other modalities may be used at provider's discretion depending on success of technology. Technical difficulties may occur before or during the telehealth sessions and clients are asked to remain flexible if a visit cannot be started or ended as intended. Providers can choose interactive sessions with video call or by telephone. **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, and we expect parents to utilize some of our many decision-making tools prior to asking to speak to the on-call provider. Please do not call about issues that can wait until the next business day. You are welcome to use Urgent Cares but please speak to a provider before going to the ER. An on-call provider is a courtesy of the office, if it not a guarantee of services, and we may face staffing situations or holidays when an on-call provider is not feasible. Our website [IPHCDenver.com](http://IPHCDenver.com) → tools for parents → "is my child sick" is an online triage program to help determine if your concern is urgent, PLEASE USE IT. Call our main # to reach the provider and follow the prompts on the voice recording.

### **Medical Advice/Recommendations:**

IPHC providers approach clients with a relation-based care philosophy that supports co-created approaches to ongoing care. Medical advice/recommendation given by a provider reflect evidence informed guidelines and pediatric professional practice standards whenever possible. There may be times when the parent disagrees with medical advice or recommendations. If this occurs, our providers welcome an open dialogue about perceptions regarding medical advice. The parent always has the right to refuse medical advice. Conversely, IPHC providers have the right to terminate care with clients if the decisions are detrimental to the overall health of the child or the patient/provider relationship. Providers are mandated reporters and will involve Child Protective Services if imminent harm has or will occur because of lack of action, neglect, or abuse. See separate Policy for Immunizations.

### **Behavior/Communication Standards:**

IPHC NPs understand your child's needs are a high priority and do our best to provide excellent customer service at IPHC. We expect our clients to communicate to us with respect and courtesy and realize that at times parents can have frustrations that arise. If there is a grievance, you may request to speak to an Owner of IPHC. If your behavior is felt to

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be inappropriately escalating, hostile, threatening, manipulative or bullying (through personal, telephone or online communication), you may be discharged from practice by our Owners at any time without advanced notification.

### Provider Interactions:

IPHC attempts to keep you with the provider that you typically see, this is especially important for wellness visits. When a child is ill or in need of care, we will try to keep you with your primary provider; however, you may see the most available provider depending. IPHC providers are a team and share information with each other for safety and quality purposes. We do not tolerate requests to be seen by another provider if you are not satisfied with your care. Our preference is to be direct and assertive and communicate with the provider to resolve any issues. If you “fire” one of our providers, you will not be seen in the office for any other visits. We have a zero-tolerance policy for manipulation.

### Financial Policy:

**As a courtesy**, IPHC will file insurance claims on your behalf (except for health shares, out of network insurances and for “health coverage plans” (which are not insurance i.e. Freedom Life, US Health Group, etc) to help you receive the maximum benefits allowed. **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.** This can be accomplished by using the Provider Finder tool on the insurance company website or calling their Customer Service phone number. Prior to the visit, is your responsibility to provide complete and accurate insurance information. A current insurance card is required for verification, along with photo ID, and credit card on file. **If you do not have insurance, are showing inactive with our eligibility system, or you do not have proof of insurance you will be considered self-pay and your visit fees are due at time of service or the appointment will be cancelled/rescheduled. We cannot use appointed time to complete these steps, if you arrive and there are discrepancies with your insurance you will be asked to re-appoint.**

**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 and 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.** Credit Card on File Agreements are required by all clients. Any exceptions must be approved by a 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 must be made on date of service upon check-in by IPHC staff via cash, check or credit card. No post-dated checks will be accepted. For all returned checks there will be a \$40.00 return check fee. **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.

Statements are sent via mail or email every month, and **payment is due upon receipt.** IPHC can accommodate payment plans upon request if the account is not delinquent. **For patient account balances that are greater than 90 days old, the balance will be sent to collections and a 25% fee added, and your child may be dismissed from practice which is a final decision. If you are sent to collections, the balance becomes due in full. 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.

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Newborns planning on commercial insurance (i.e. BCBS, Aetna, Cigna) must be added to your policy within 30 days (the mother's policy does not pay for the newborn visits). If by 30 days there is no proof of insurance, you will be considered self-pay and balances will be due in full. Medicaid patients cannot be billed self-pay and are encouraged to add the child **IMMEDIATELY**. Therefore, newborns without a Medicaid number by 2 weeks of age will not be scheduled until the child is active and verifiable in the web portal. This is to prevent IPHC from being held responsible for visits charges in the event the child is not enrolled in Medicaid or is enrolled in Denver Health Medicaid which provides payment only to Denver Health.

IPHC does not have control over the choices of insurance companies changing their panels and in network providers. It is highly recommended that you check the status of IPHC in your insurance network before any visits and especially after changes in any plans, group numbers, or carriers due to employment or otherwise. **We emphasize the client's responsibility to be up to date with insurance billing information, as if they do not pay, we will still collect the full amount from the client.**

### **Electronic Communication:**

IPHC uses several HIPAA compliant platforms to communicate with clients. This includes software to obtain consents, card on file, screening documents, capture insurance cards/identification/card on file, and send reminders. Separately we use a patient portal for messaging, reminders, and a secure form upload. We require all clients to activate and use their patient portal when directed, this helps with quality and documentation purposes and streamlines communication. If you cannot get your portal working, please notify staff. Please use the portal for all non-urgent inquiries, updates, requests for records and paperwork, and to provide photos when appropriate. **OUR EMAIL IS NOT TO BE USED FOR PROTECTED HEALTH INFORMATION. Please DO NOT use the general inquiry form on our website for questions about a patient's health.**

**Several days prior to a visit you will begin to receive reminders and requests to confirm/reschedule/cancel visits. You will also be prompted to fill out your "pre-visit registration" information EVERY TIME you have a visit. This includes a COVID-19 screener that must be filled out and reviewed prior to the appointment, so please have this complete the business day prior to the appointment. If your information is not received by the day of the appointment, your visit may be cancelled. PLEASE DO NOT UNSUBSCRIBE FROM THESE COMMUNICATION TOOLS. If your COVID screen alerts staff that you need to reschedule, we will reach out to you. Please be honest on your screenings for the safety of clients and staff.**

### **Divorce, Separation or Custody**

We understand that many children in our office have parents who are divorced or separated. It is our hope that divorced/separated 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 what medical information the other parent told 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 that come between parents and/or other caregivers become disruptive to 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 (parents, caregivers, patients, etc.) threatens harm to another person.

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### **Electronic Medical Records:**

IPHC supports the secure electronic exchange of health information to improve the quality of your health care experience. We participate in Colorado Regional Health Information Organization (CORHIO), Colorado Immunization Information System (CIIS), as well as insurance, pharmacy and lab clearinghouses. Using Health Information Exchange (HIE) networks helps us to more effectively and efficiently share information about your medical care with other providers that participate in the network. The HIE enables emergency personnel and others to have access to your medical data that may be critical for your care. Making your health information available to other health care providers can potentially reduce your cost by eliminating unnecessary duplication of test and procedures. You may, however, choose to opt-out of participation in the HIE, or cancel an opt-out choice at any time. Please speak with one of our staff members if you choose to opt-out. It is an expectation of the practice that you sign up and maintain a portal account to ensure secure communication about your child and the visits at IPHC. Please do not send HIPPA sensitive information about your child through the email at IPHC as this is not a secure system.

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

**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.**

**Your signature below indicates you have read, understand, and agree to the 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:** \_\_\_\_\_