Children's Medical Office

36 High St ✦ North Andover, MA 01845 ✦ www.chmed.com

We are pleased you have chosen Children's Medical Office of North Andover as a medical home for your children. It is our goal to provide exemplary care for our patients, and hope your experiences with us are superlative. Below are some of the policies we ask parents or caregivers of our patients to review and accept.

Vaccines

Since it was founded as a practice, it has always been the policy at Children's Medical Office that parents who bring their children to us for care will agree to vaccinate them according to the schedule put forth by the American Academy of Pediatrics (AAP) aside from children who have legitimate medical conditions that preclude vaccination. (We do allow the limited exceptions of flu, HPV and COVID vaccines.) We also do not accommodate alternative vaccine schedules, in accordance with best practice recommendations.

This remains our policy, which is grounded in the overwhelming evidence for the safety and efficacy of vaccines. Parental refusal to vaccinate their children represents a fundamental disagreement about shared goals for care. All parents who bring their children to Children's Medical Office are asked to agree to this policy. *Refusal to vaccinate your child for **any reason** other than a legitimate medical condition will result in your being asked to transfer care to another practice.*

Please initial here to indicate understanding and agreement with this policy _____

Responsibility for Payment

All charges for medical services provided are the responsibility of patients/guarantors, and timely payment is requested. We will submit charges on behalf of our patients to all insurance plans accepted by our office, but patients/guarantors agree to prompt payment for services rendered according to the terms of their various policies.

All accounts are due for remaining charges within 30 days of insurance payment, unless a payment plan is in place.

Copays

Under most insurance plans, copays for routine well child exams are no longer required. If your plan requires coinsurance or deductible payments, you will be billed for the balance. Other

medical services still require copays and deductibles, which are due at the time of service. *In addition, for any medical management provided during a well visit beyond routine health*

maintenance (eg. treatment for a new problem or a change in management of an ongoing condition), additional charges will apply. You will be responsible for copays for that part of the visit.

Insurance Coverage

Children's Medical Office accepts a wide range of insurance plans. It is the responsibility of patients/guarantors to confirm that care at CMO is covered by their plan, and that we are designated as their child's primary care provider. Because of the high variability in coverage from one plan to another, we cannot tell you in advance what your plan covers. We cannot assist you in questions or complaints about your coverage, which must be addressed with the provider of your insurance coverage.

Travel Encounters

Many providers at CMO are familiar with recommendations for international travel, and can provide preventive care for most destinations. However, some destinations require preventive treatment (ie. vaccines) that are only available through specialized clinics. If you are planning international travel and would like to receive preventive services here, please confirm with us before booking the appointment that we can provide the care specific to your destination. Please be advised that coverage for travel encounters varies from plan to plan.

No Shows

We expect that patients and parents/caregivers will make whatever arrangements are necessary to keep appointments as scheduled. Our office will make efforts to contact you to confirm previously scheduled well check or follow-up appointments, but even if we are unable to confirm appointments, keeping them is your responsibility. We request 24 hours notice if an appointment cannot be kept. If an appointment is not kept or canceled within 24 hours, it will be considered a "no show," and a $25 fee will be charged. Repeated no shows may be grounds to terminate care.

Parental Dispute

CMO must always have the best interests of our patients as the primary basis for medical decisions. In situations where parents are separated or divorced, or in conflict of any kind, we ask that any disputes be settled outside of our office. We cannot be party to any disagreement

between parents. Parents accompanying patients for visits will be the ones providing consent for care and planning treatment with providers when relevant, which will not be modified after the fact in cases of disagreement by the other parent. We cannot play the role of mediator in such situations.

Payment Arrangements

CMO will make attempts to collect on outstanding balances at regular intervals, including reminder calls for upcoming appointments. Patients/guarantors are encouraged to make payment plans if necessary during these interactions.

We never want the ability to pay to be a barrier to care. If your family is experiencing financial hardship, please contact the office and ask to be connected to our billing manager. We will make every effort to find a solution that keeps your account in good standing and allows for the ongoing provision of care.

Outstanding Debt

If numerous attempts to collect on outstanding balances have been made by our staff, accounts may be turned over to collections. This may negatively affect credit scores.

If all avenues for collection on outstanding balances have failed, a block may be placed on scheduling future appointments, or care may be terminated. Establishment of a payment plan will prevent this outcome, and no hold will be placed on accounts with a payment plan in place. *We will make every effort to find alternate solutions, but cannot continue to provide care in circumstances of protracted bad debt.*

Patient Name: _____ PT DOB:_____

Patient Name: _____ PT DOB:_____

Patient Name: _____ PT DOB:_____

I have reviewed and accept these policies: Date:_____ Printed Name: _____

Signature: _____