



**Aquarius Pediatrics**  
Growing Happy Families

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[www.aquariuspeditrics.com](http://www.aquariuspeditrics.com)

## **Aquarius Pediatrics Policies**

### **Appointments**

Well checks must be current in order to update missing vaccines.

Sick complaints at a well child checkup- Please note that your insurance covers preventative care as a bundled service. If you present to a scheduled checkup and your child is sick, or you would like to address a chronic issue, we are obligated to file a separate visit code with your insurance plan just as we would if you brought your child in for that complaint any other day. As such, your regular copay, deductible, and/or insurance amounts will apply and payment will be expected at the time of service.

Late Policy- If you are running late to your scheduled appointment, please call and notify the office. If you are more than 15 minutes late, you may be asked to reschedule.

No show policy- If you miss a scheduled appointment without calling to cancel or you cancel less than 24 hours notice, it will be marked as a no show. You may be required to pay a fee up to \$25 per occurrence per patient. Three or more missed appointments will result in termination from practice.

Walk- ins- We do not see walk ins. If an appointment time is available we will make you an appointment for the same day.

Wrong PCP- Some insurance companies require our physician to be named the PCP for reimbursement purposes. Aquarius Pediatrics will attempt to notify you ahead of time if the wrong PCP is listed. If it is wrong at the time of the appointment, you will need to reschedule.

### **Specialty Prescriptions**

ADHD patients- Must be seen every 3 months, the doctor may request more frequent visits based on the individual. Please call the office 48 hours prior to running out of medication. If patient is eligible for a refill, it will be sent to the pharmacy. If picking up a prescription, the person picking it up must be at least 18 years old. If the prescription expires before someone picks it up, a \$5 charge will occur.

Asthma patients- Patient needs to be seen every 3 months to be eligible for RX and refills.

### **Request of medical information**

Due to HIPAA laws, Aquarius Pediatrics can only send medical information via fax after a copy of ID, written statement and signature received. Request for medical records will incur a \$25 processing fee. There is no fee if we are sending records to another medical office.

Authorized persons- Only adults listed on the initial intake form will be allowed to accompany your child for visits if the parent or guardian is not available. If the adult is not listed, he or she needs to come with a letter from the parent or guardian stating you are giving permission to bring child.

## **Vaccination Policy**

Only patients who are fully vaccinated per the CDC recommended schedule will be accepted at Aquarius Pediatrics. For those who are delayed, they may discuss a catch-up schedule with the doctor directly.

## **Insurance policies**

It is the patient's responsibility to understand what services are and are not covered under their plan (i.e. mental health, obesity). Families will be responsible for payment if services performed are deemed by your insurance company not to be covered by your policy. We will file claims to the insurance plan(s) you have provided to us. If secondary insurance information is not provided at the time of the visit, you will be responsible for fees not covered by your primary insurance. It will be your responsibility to file any additional claim. Failure to provide accurate insurance information can result in appointments being cancelled if active coverage cannot be verified prior to your appointment.

## **Medication refills**

Please call the office 4-5 days prior to running out of medication. Patients must have had a well check in the past 12 months in order for refills to be called in without being seen.

## **Dismissal from practice**

Vaccine refusal- Aquarius Pediatrics follows the recommended CDC vaccine schedule endorsed by the American Academy of Pediatrics. If patients refuse to follow the routine vaccine schedule, they will be terminated from the practice.

A patient and family will be dismissed from the practice if inappropriate behavior is exhibited which includes but is not limited to yelling, cursing to staff and/or physicians.

An unpaid balance beyond 90 days without a formal payment plan in place will result in dismissal from the practice.

No show- Three or more no shows will result in termination from practice.

## **Phone calls**

Phone messages to the Doctor will be returned within 24 hours. If you leave a message for the nurse or any other staff member, they will return your phone call by the end of the day. If there is an urgent concern, make an appointment.

## **Paperwork**

There will be a \$10 fee for any form requiring a doctor signature. If you present a physical form at the time of the well child appointment, there will be no fee. Paperwork brought to the office will take 24 hours to complete.



### **ASSIGNMENT OF BENEFITS FORM**

All professional services rendered are charged to the patient and are due at the time of service, unless insurance coverage is verified and **Aquarius Pediatrics** is a participating provider. Necessary forms will be completed to file for insurance carrier payments.

#### **Assignment of Benefits**

I hereby assign all medical benefits, to include major medical benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s), including private insurance and any other health/medical plan, to issue payment check(s) directly to **Aquarius Pediatrics** for medical services rendered to myself and/or my dependents regardless of my insurance benefits, if any. I understand that I am responsible for any amount not covered by insurance.

#### **Authorization to Release Information**

I hereby authorize **Aquarius Pediatrics** to: (1) release any information necessary to insurance carriers regarding myself and/or my dependent's illness and treatments; (2) process insurance claims generated in the course of examination or treatment; and (3) allow a photocopy of my signature to be used to process insurance claims. This order will remain in effect until revoked by me in writing.

I have requested medical services from **Aquarius Pediatrics** on behalf of myself and/or my dependents, and understand that by making this request, I become fully financially responsible for any and all charges incurred in the course of the treatment authorized.

I further understand that fees are due and payable on the date that services are rendered and agree to pay all such charges (copay, coinsurance and/or deductible) incurred in full immediately upon presentation of the appropriate statement. A photocopy of this assignment is to be considered as valid as the original.



## **Waiver**

We pride ourselves on providing only the **Highest quality of care** for your child and do this by following many of the American Academy of Pediatrics clinical guidelines and other trusted sources for evidence based clinical outcome information

However, insurers rarely keep pace with guidelines, or want to cover services related to meeting these clinical recommendations. In fact, insurance company rules and policies change all the time. As prompt and appropriate treatment of your child is of primary importance to us, we ask that you sign a 'waiver' giving us permission to perform screenings, test and non-covered services as we, your trusted providers of care, deem necessary.

Following is a list of the most frequently provided services for which we request a signed waiver and that you can use to determine coverage with your insurer.

### **Vision Screen**

Snellen testing- This is a simple screening performed with the use of the Snellen eye chart to measure visual acuity on older children.

Visual Evoked Potential or VEP- This is an important test for early detection of eye and vision problems in infants and young children. Amblyopia (lazy eye) occurs when the brain does not receive proper images from the eye. If it is not diagnosed in early childhood, there may be a permanent loss of vision in the affected eye.

As we consider these to be important test for your child, and will routinely perform them at annual well visits, if your insurer does not cover the charge, we will significantly discount the amount. For Snellen the test is \$15.00 and for the VEP the price is \$20.00.

### **Otoacoustic Emission testing (or OAE)**

This is an important hearing test and can be used on newborns through adulthood. It does not require a soundproof room of the ability of the child to understand instructions or responds to sounds, which makes it a much more accurate screening tool for picking up on hearing issues.

Not only do we believe that hearing screens should be performed every year, but testing is required for most preschools, public and private schools. As we consider this to be an important test for your child, and will routinely perform it at annual well visits, if your insurer does not cover the charge, we will significantly discount the amount to \$15.00 per test.

### **Developmental testing**

Developmental screening including standard pediatric developmental screening done at well visits, Vanderbilt forms and PHQ-9 are very important in the assessment of any development delays or

potential problems. As we consider these to be important test for your child, and will routinely perform them at annual well visits. If your insurer does not cover the charge, we will significantly discount the amount to \$10.00 per test.

### **In office lab test**

Often, parents want to know as soon as possible if their child has the flu, strep, etc. We can effectively and efficiently determine that by performing in-office testing. Many insurers do not pay for in-office testing because they have contracts with external labs to provide these services. However, sending test out to external labs results in waiting days for results that we can provide to you much more quickly (in some cases within minutes or overnight). We believe that it is important to treat your child as quickly as possible, and therefore offer these services in office.

### **In office labs and fees**

RSV test \$25.00  
Rapid Flu A test \$40.00  
Rapid flu B test \$40.00  
Rapid strep test \$30.00  
Urinalysis \$25.00  
Pregnancy test \$25.00  
Mono test \$40.00



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### **HIPPA Notice of Privacy Practices**

Aquarius Pediatrics is committed to protecting your personal medical information. Your medical record contains your history, physical, lab results, treatment plan and billing record. We are required by law to maintain privacy and security of your protected health information. There are certain instances that we are allowed or required to share your information. Some examples are listed below (but are not limited to the following):

For treatment- We may use and disclose your health information with a specialist or referring physician to help coordinate your health care.

For payment- We can use and share your health information to bill and get payment from health plans or other entities.

For health care operations- We can use and share your health information to run our practice, improve your care and contact you when necessary.

As required by law- We will share information about you if state or federal laws require.

Public health activities- We can share health information for certain situations such as preventing disease, to help with product recall, report adverse reactions to medications, report suspected abuse, neglect or domestic violence, prevent or reduce a serious threat to any one's health or safety

Organ & tissue request- We can share health information about you with organ procurement organizations.

Medical Examiner- We can share health information with a coroner, medical examiner or funeral director when some individual dies.

Workers compensation/ law enforcement or other government request- We can use or share your health information for workers compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, or for special government functions such as military, national security and other services

Respond to lawsuits & legal actions- We can share your health information in response to a court or administrative order, or in response to subpoena.

Research- We can share and use your health information for health research.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices in this notice and give you a copy of it. If you tell us we can in writing, we may share your health information other than as described above. Let us know in writing if you change your mind.

Disclosure requiring authorization- Aquarius Pediatrics will never share your information for

marketing purposes or sale of your information. We will obtain written permission before sharing your information for these purposes.

For certain health information, you can tell us your choice about what we share. If you have a clear preference for how we share your information, i.e. which family members or close friends or others involved in your care. Inform us of your preference.

### **Your rights:**

Right to inspect and copy- You can ask to see or get a copy of your medical record and or health information. Aquarius pediatrics may charge a fee established by the Texas Medical Board for the cost of copying your health record. We will provide you a copy within 30 days.

You can ask Aquarius Pediatrics to amend your health information if you feel your record is incomplete or incorrect. Your request for an amendment must be in writing stating why you are asking for a request.

Aquarius Pediatrics has the right to deny this request. We will provide you with an explanation of the decision within 60 days.

Right to request confidential communications- You can ask for specific ways to contact you (i.e. home or office phone) or send mail to a different address. Aquarius Pediatrics will agree to all reasonable request. You must specify how and where you wish to be contacted. If additional cost are incurred, they may be passed onto you.

Right to request restrictions- You can ask Aquarius Pediatrics NOT to share certain health information for treatment, payment or our operations. Aquarius Pediatrics is not required to agree to your request and we may say “no” if it would affect your care. If you pay for a service “out of pocket” in full, you can ask us not to share that information for payment or our operations with your health insurer.

Right to account disclosures- You can ask for a list (accounting) of the times Aquarius Pediatrics shared your health information. You must request a time, no longer than 6 years prior. The first request within a 12-month period will be free. For additional list within the 12-month period, you will be charged the cost of providing the list.

Right to receive a copy of this document- You have the right to obtain a paper copy of this notice upon request.

### **Complaints:**

If you feel your privacy rights have been violated, you may file a complaint with Aquarius Pediatrics or with the U.S. Department of Health and Human Services Office or Civil Rights by sending a letter to 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling 1-877-696-6775. You can also visit [www.gov/ocr/privacy/hippaa/complaints/](http://www.gov/ocr/privacy/hippaa/complaints/).

You will not be penalized for filing a complaint.