



Thank you for choosing the office of Premiere Pediatrics as your source for excellent pediatric medical services.

Premiere Pediatrics is comprised of:

Dr. James Fields	Dr. Brian Ellis	Glen Diaz, APRN	Dr. P. André Ruhlmann
Dr. Hitesh Patel	Blakeley Hamit, APRN	Rhiannon Baker, APRN	Caroline Trommels, APRN
Amanda Lowry, APRN	Lindsey Lancaster, APRN	Tori Hendrix, APRN	Kelli Bryan, APRN
Dr. Dwight Sublett	Alexandria Coshow, MD		

*Coming
Soon*

BUSINESS HOURS

Monday through Thursday 9:00 am – 5:00 pm and Friday until noon.

We offer extended hours Monday through Thursday until 6:00 pm.

Saturday clinic hours are 9:00 am – 12:00 pm

All clinic hours are scheduled by appointment only, and parents may call our office after business hours to speak with a triage nurse regarding their acutely ill child and to get information about the “on-call” pediatrician.

Our desire is not only to provide excellent comprehensive medical care but also to address parental concerns in-between check-ups regarding their child’s expected growth, development, and behavioral milestones. We treat patients between the ages of birth to 18 years old and contract with a wide range of insurance plans including SoonerCare.

At Premiere Pediatrics, we recognize these are trying times and offer a variety of payment options for times of financial hardship. If at any time your family experiences a time of need, contact our helpful billing department to discuss available payment options including payment arrangements.

Providing excellent medical services for your child’s well-being will remain our utmost priority, Again, we welcome you and thank you for trusting Premiere Pediatrics for your child’s wellness and medical needs. We look forward to serving you.



APPOINTMENT POLICY

This policy has been set up to better serve our patients with all appointment needs. Please have your insurance card, photo id, and payment if applicable ready at the check-in window. A biological parent or legal guardian must be present at the appointment unless specified in a HIPAA agreement. Step-parents must be listed on HIPAA. The legal guardian/Foster parent must obtain and provide proper placement documentation before an appointment.

Sick Appointments and Checkups

Premiere Pediatrics offers same-day sick appointments, if you feel your child is sick, please call our office and one of the receptionists will be happy to schedule you. If you have more than one child that you would like treated, each child will need an appointment. Often a provider's schedule does not allow for walk-in or work-in type appointments, please call ahead.

Late Arrivals

If you are running behind, please call our office to see if we can make any adjustments to the provider's schedule. If you arrive more than 15 minutes late, without calling ahead to make arrangements, your appointment may be considered a missed appointment and you may be asked to reschedule for another treatment time or another day if no other time slots are available.

Missed Appointments

If you are unable to keep an appointment, please call and cancel the appointment as early as possible as this will allow another patient to be seen at that time. Your appointment time will remain reserved and not used unless we are notified that you cannot keep the appointment. We request a 24-hour notice for pre-scheduled visits and a minimum of 1-hour notice for same-day scheduled appointments. Appointments scheduled at the first available time of the morning may not be canceled via our answering service as it will not allow enough time to schedule another patient. Each missed appointment will be assessed for a fee. Additionally, your active patient status will be reviewed after three missed appointments.

Medication Refills

To obtain a refill, reach out to your pharmacy at least 2 business days in advance. Refills for controlled substance medications, such as **ADHD will need to be requested 1 week in advance.**

Forms

We require 2-4 business days dependent on the extent of paperwork required for the completion of forms that are dropped off at our office. Fees may apply to forms such as physical forms, school forms, medication forms, WIC forms, records, and specially requested correspondence. We ask that the parent portion is completed on all forms before dropping them off. Unfortunately, we no longer fax these forms, they will need to be picked up. Payment is due at the time of pick-up to retrieve the form.

Dismissal

To ensure continuity of care and keep your provider up to date with any changes in your child's health, we require annual wellness visits with your assigned PCP. If your child has a chronic condition that requires regular refills of medication you may need to come more often. Accounts will be reviewed for dismissal from our practice under the following circumstances, which include, but are not limited to excessive late arrivals, missed appointments, non-compliance, failure to follow PCMH guidelines, refusal to schedule annual wellness visits, rude, disruptive behavior, pregnancy or fathering a child. Please feel free to contact our office if you have any questions or concerns.

Use and Disclosure Policy

Premiere Pediatrics may use and disclose **Protected Health Information (PHI)** about your child for **Treatment, Payment, and Healthcare Operations (TPO)**. Please refer to Premiere Pediatrics Notice of Privacy Practices for a more complete description of such uses and disclosures.

As part of my child's health and medical care, Premiere Pediatrics originates and maintains medical and health records describing each child's health history, symptoms, examinations, test results, diagnoses, treatment, and any plans for future care or treatment. Photographs or other images may be recorded to document care. Such images will be maintained solely as part of my protected health information and Premiere Pediatrics will retain the ownership rights to these images. Parents and or Legal representatives will be allowed access to view them and/or obtain copies. The use and disclosure of collected information serve as:

- A basis for planning care and treatment
- A means of communication among the health professionals who contribute to your child's care
- A source of information for applying any diagnosis and treatment information to the patient bill
- A means for a third-party payer to verify that services were billed as provided
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

All patients of Premiere Pediatrics must complete and sign the patient registration forms, thus agreeing to the terms listed in this policy. This agreement authorizes the release of information and shall apply to all information accumulated up to this date and any information acquired in the future. This agreement to release future information shall remain in force until I shall revoke it in writing.

Patient Rights:

- You may request a copy of the Patient Privacy Notice that provides a more complete description of information uses and disclosures.
- You have the right to review the Patient Privacy Notice before signing the consent listed on the Patient Registration.
- You have the right to object to the use of my health information for directory purposes.
- You have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations.
- You have the right to assign consent for other specified individuals to bring your child/children to appointments, in writing.
- You have the right to assign the release of information to other specified parties, in writing.
- Permissions will only be granted by written consent and will remain in effect until written revoked.
- You have the right to restrict individuals from account access in certain situations.

Premiere Pediatrics reserves the right to change its notice and practices at any time. Premiere Pediatrics is not required to agree to the restrictions requested, but if agreed upon, is bound by this agreement. A revised copy may be obtained by forwarding a written request to Premiere Pediatrics Privacy Officer at 3261 24TH Ave NW, Suite 101, Norman, OK 73069

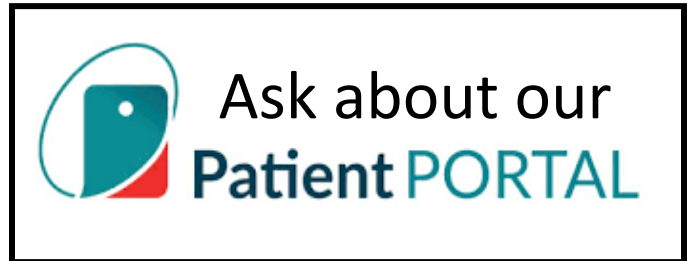
I understand that I must revoke this consent in writing, except to the extent the organization has already taken action in reliance thereon.

By Oklahoma law, we are required to notify you, that the information authorized for release may include records that may indicate the presence of a communicable or venereal disease which may include but are not limited to, diseases such as Hepatitis, Syphilis, Gonorrhea, the Human Immunodeficiency Virus, and AIDS.

Know your benefits

It is helpful to familiarize yourself with the **provisions and limitations** of your specific insurance plan, before scheduling your appointment. Here are some questions to ask your insurance carrier:

- Does my plan cover immunizations?
- Does my plan cover wellness (check-ups) and are they required to be scheduled more than 365 days apart?
- Does my plan cover health assessments, such as behavior screenings, and vision/hearing screenings when performed at a checkup?
- Does my plan cover urine screens or lab work?
- Will my plan cover a sports physical?
- Does my plan cover the removal of earwax?
- What procedures will go toward my deductible?
- What is my copay? Deductible? Coinsurance?
- Is my provider considered In-Network with my plan?



It is a common misconception that all services performed at a check-up are covered by the insurance as preventative care, but depending on your policy may not be the case. Providers report all billable services performed, to your insurance company for reimbursement. Your agreement with your insurance company will determine how much you will owe. Your child's immunization record is an important document that will be needed throughout his/her lifetime. Please keep it in a safe place and bring it with you to your child's appointments. A copy of your child's immunization record may be furnished upon request. Fees may apply when requesting other medical records or form completion, of forms not brought to the visit.

CHECKUP RECOMMENDATIONS

- 2 weeks.....checkup
- 2 months.....checkup, Rotarix, (Pediatrix: DTaP, IPV, Hep B), HIB, and Prevnar
- 4 months.....checkup, Rotarix, (Pediatrix: DTaP, IPV, Hep B), HIB, and Prevnar
- 6 months.....checkup, (Pediatrix: DTaP, IPV, Hep B), HIB, and Prevnar
- 9 months.....checkup, vision screen
- 12 months.....checkup, MMR, Hep A or Prevnar, Varivax.
- 15 months.....checkup, DTaP, HIB, and Prevnar or Hep A if not given at 12 months
- 18 months.....checkup, Hep A, vision screen
- 2 years.....checkup, Hep A if not given previously, vision screen
- 2 ½ years.....checkup
- 3 years.....checkup, urinalysis, vision screen
- 4 years.....checkup, vision and hearing screens, (Kinrix: DTaP, IPV) and (ProQuad: MMR, Varivax)
- 5-18 years.....checkup and vision screen annually, (5 years: urinalysis, vision and hearing screens; 11-12 years: Boostrix, Gardasil, Menveo, and vision screen; 16 years: Menveo & Bexsero and vision screen)

Varivax must be given or your child's case of chickenpox must be documented by the time he starts kindergarten. Each patient's immunization schedule may vary due to illnesses or doctor preferences. The combination vaccines that our office currently uses are Pediatrix which has DTaP, Hep B, and IPV (polio), Kinrix which is DTaP and IPV, and Proquad which has Varicella and MMR.

Financial Policy

Parents of new patients must complete our Patient Registration paperwork before seeing the provider, and we require these forms to be updated every 3 years.

Our office offers immunizations through both state and private sources. It is important to know if your insurance plan covers private immunizations before vaccines are administered. A check-up with recommended private immunizations can cost anywhere from \$300-\$1200 with immunizations, per visit. State-provided immunizations are available at no cost for the vaccine itself to patients who qualify as per the VFC (vaccines for children) guidelines.

Your child is eligible to receive state vaccines at our office if:

- 1.) Your child is Uninsured
- 2.) Your child is on our current SoonerCare roster, or has fee-for-service DHS coverage, with or without private insurance.
- 3.) Your child is Native or Alaskan Native.

***If your child's private insurance does not fully cover immunizations, you may still be eligible for the state-provided vaccine at the health department, or other deputized facility.

INSURANCE: We are contracted with most major insurance companies, including most HMOs and PPOs. If you have an HMO insurance plan, we must be listed as your PCP before your appointment. Copays may apply and will be due at the time of the visit unless other arrangements are made with our billing department. Patients carrying multiple insurances must follow the rules of each insurance carrier to ensure proper payment for services.

SHARE PLANS: Due to the unpredictability of payment, Premiere Pediatrics will no longer file claims from Share plans such as Medi-share and Liberty Health Share. We will continue to see patients with share plans, but they will be considered self-pay patients. This means payment is due at the time of service and parents will be required to file their claims with their share plan for reimbursement.

PAYMENT: We accept cash, checks, Visa, MasterCard, Discover, and American Express. If you need payment assistance, we offer a variety of options including flexible arrangements. Patients with outstanding balances in-house or with collections will be encouraged to set up payment arrangements. In the event, that an account has been turned to collections multiple times without any attempt to pay may be assessed for dismissal.

WE DO NOT BILL A THIRD PARTY FOR SERVICES. For instance, where auto insurance will need to be filed, payment is expected at the time of the visit, as most health insurance plans will deny payment for services involving an accident for which another party is liable.

RETURNED CHECKS: There is a returned check fee of \$25 plus an additional \$5 for every time the bank reruns your returned check. Payment is due at the time the check is picked up. Checks are required to be picked up within seven days of bank notice, or they will be turned over to the district attorney for collection.

**** Due to recent coding changes if your child has sick symptoms during a wellness exam, a separate visit may be billed and copays and/or deductibles may apply, as determined by your insurance plan.**

As of January 1, 2018, we reserve the right to assess a \$20 fee for missed appointments.

Notice of Privacy Practices

This notice describes how medical information about you/your child may be used and disclosed and how you can get access to this information. Please check it carefully

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 HIPAA

HIPAA is a federal program that requires that all medical records and other identifiable health information individually used or disclosed by us in any form, whether electronic, on paper, or orally, is kept duly confidential. This law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA awards penalties to covered entities that misuse the person's health information.

As required by HIPAA, we have prepared this explanation of how we must maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes:

Treatment, payment and health care operations.

- **Treatment** means providing, coordinating, or managing health care services and services related by one or more of the health care providers. An example of this would include a physical exam.
- **Payment** means activities such as obtaining reimbursement for services, confirming coverage, billing, or activities billing and utilization review. An example would be sending a bill for your consultation to your insurance company for payment.
- **Health** care operations include the business aspects of running our practice, such as performance of quality assessment and improvement activities, audit functions, cost and service management analysis to the client. An example would be an internal review of the quality assessment.

We may also create and distribute de-identified health information by deleting all references or information from individual identification.

We may contact you to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to agree to and comply with that request in writing; except to the extent that we have already taken action in reliance on your authorization.

You have the following rights, concerning your protected health information, which you may exercise by submitting a request in writing to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures to family members, relatives, close friends, or any other person identified by you. However, we are not required to agree to a requested restriction. Yeah

If we agree to request restrictions, we must abide by them unless you agree in writing to remove them.

- The right to reasonable requests to receive confidential communications of protected health information from our part by alternative means or alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to notify you of our legal duties and privacy practices concerning protected health information. This notice is effective as of April 14, 2003. and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. we reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information we maintain. We will post, and you may request, a copy of the Notice of Revised Privacy Practices of our practice.

You have recourse if you feel your privacy protections have been violated. You have the right to file a complaint about writing with our office, the Department of Health and Human Services, or the Office for Civil Rights, about violations of the provisions of this notice or our practice policies and procedures. We will not retaliate against you for filing a complaint.

To file a complaint with our office:

You can call and speak to our HIPAA officer.
405-364-6432

The U.S. Department of Health &
Human Services Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201 (202) 619-0257
Toll Free: 1-877-969-6775