# MEDICAL SERVICES AGREEMENT

Thank you for choosing Kelson Physician Partners of Layton, Inc., dba Wee Care Pediatrics ("WCP") as your child's health care provider. Our goal is to build a successful provider-patient relationship with you and your child. Your understanding of our Medical Services Agreement (the "Agreement") and your responsibility for payment for services rendered is important to our relationship. If you have any questions regarding this Agreement or your account, please contact us at (801) 773-8644.

## Consent to Treat

By your signature below, you hereby authorize the providers and employees of WCP to examine, perform testing and carry out such procedures as may be reasonably necessary to diagnose, treat and care for your child. This authorization includes, but is not limited to, routine office and laboratory procedures and tests such as x-rays, strep tests, throat cultures, urine studies, complete blood counts (CBC), hematocrits, bladder catheterization, removal of cerumen (ear wax), removal of foreign bodies, drainage of abscess, fracture care, administration of medication and immunization injections, treatment of skin lesions, warts, burns and laceration repair. This consent will remain effective indefinitely and will continue until you submit a revocation in writing to Wee Care Pediatrics Medical Records Department, 2084 North 1700 West, Suite A, Layton, UT 84041.

## Acknowledgement of Receipt of Notice of Privacy Practice

WCP is providing you the attached Notice of Privacy Practice ("NPP") which provides information about how WCP may use and/or disclose protected health information about your child for treatment, payment, health care operations and as otherwise allowed by law. By your signature below, you acknowledge that you have received a copy the WCP NPP and that you have read and you understand the NPP.

## Financial Policy

Payment

- Payment is required at the time of visit whether you have a co-pay, co-insurance, deductible or an unpaid balance. We accept payment in cash, check (no third-party checks) and most major credit cards.
- If you have a deductible that has not been met, your entire bill may be due at check-out.
- Please be aware if your child is scheduled for a procedure (suture, fracture care, wart removal, circumcision, etc.), or additional testing is recommended for their care (x-ray, lab, etc.), these services may result in out-of-pocket expenses due to deductibles, co-insurance and/or co-pays.
- Some services recommended for your child's care may be completed by a third-party provider such as lab, x-ray interpretation and other services. These services will result in a separate billing statement and charges payable to these third-party health care providers.
- Every insurance policy is different – please consult with your insurance company to determine if you will have any out-of-pocket expense for any services.

Insurance and Assignment of Benefits

- WCP will bill your insurance for all services received at our office. You hereby assign all medical benefits for services received by your child to WCP and authorize all such benefits to be paid to WCP.
- You are expected to present your current insurance card and information at each visit, including any secondary insurance. It is your responsibility to notify our office of any changes to your insurance information.
- Not all services provided are covered by every plan. You are responsible for understanding your benefit plan and requirements for referrals, preauthorization of procedures and medications, etc. All amounts not paid by your insurance plan are your responsibility, and any payment disputes due to non-coverage must be addressed by you with your insurance company.

Self-Pay Accounts

- Patients without insurance, or who cannot provide proof of insurance are required to pay an estimate of service charges at check-in prior to being seen by your provider. Any remaining balance from services rendered may be due at check-out or may be billed to you and you will receive a statement.

Outstanding Balances, Interest and Collection Fees

- You agree to pay all amounts upon receipt of our statement. Any unpaid balance must be paid at check-in prior to being seen by your provider.
- Any balances remaining unpaid for more than 30 days from the date of billing will accrue interest at the rate of 1.5% per month (18% annual rate). Any account balance over 90 days old may be turned over to an outside agency for collection. In the event collection becomes necessary, a 30% collection fee may be added to your account balance. You agree to pay all fees associated with the collection process, with or without suit, including reasonable attorneys' fees and court costs.
- WCP reserves the right not to schedule any further appointments for patient accounts with unpaid balances, or which have been turned over to collection.

Missed Appointments

- Appointments missed with no notice may be charged a fee of $25.
- If more than three (3) appointments are missed without notice to our office in one year, we reserve the right to not schedule any further appointments, or you may be required to place your credit card on file, and your card will be charged a fee for any further missed appointments. These terms are subject to change without prior notice.

Returned Checks

- You agree to pay WCP a charge of $20, and any other amounts provided for by statute for any returned or unpaid check.

## Communication Policy

Communication and Your Contact Information

- You agree to allow WCP, its staff and any associated third-party outreach messaging system to use your personal contact information to notify you, including by telephone, text message and email, of

scheduled and overdue appointments, missed appointments, lab results, Rx information, balances due and debt collection, or any other healthcare related function.

- You authorize WCP to disclose limited protected health information (PHI) regarding your child's healthcare events to any associated third-party outreach messaging system.
- You consent to receiving messages from WCP and allowing detailed messages to be left on your voice mail, answering system, or with another individual if you are unavailable at the number provided by you.
- You agree to notify WCP of any changes to your address, mobile, or other phone number, or email address.

**I, the undersigned, hereby acknowledge by signature, that I have read, understand, and agree to the terms of this Agreement and I have read and understand the WCP NOTICE OF PRIVACY PRACTICE.**

**Signature:** _____

**Relationship:** _____

**Date:** _____