Child & Adolescent Health Specialists, P.C.

Welcome to Child and Adolescent Health Specialists, PC. We look forward to meeting your family! Our providers and staff are dedicated to exceeding your expectations. We're confident you will be happy with the care we provide, which includes General Pediatrics, Developmental-Behavioral Pediatrics and Therapy if ever needed. You can learn more about our other providers and specialists by clicking thru the links on the home page.

Many of your questions can be answered through our website, www.childhealthspecialists.com, where you will find our office policies, forms and other resources. Any additional questions will be answered happily by one of our staff. You can call our main number, 781-383-8380 and follow the prompts (choose #3 to speak to a receptionist). If our staff are on other calls, you will have the option to hold or to leave a voice message. Your call will be returned shortly in order of urgency with nonurgent calls by the end of the day.

We expect to be able to extract most of your children's information from their current medical record. In order to do so we need to verify some information. Attached you will find a registration form for your child/children as well as several of our policies that would need your consent.

We are hoping to make this as seamless a process as possible. You will continue to receive your care from Dr. Martin thru June 13, and she will begin seeing patients here on June 14. We will need these forms completed before we can schedule your upcoming appointments.
Please feel free to call us with questions.

Welcome!
From Dr. Martin and all of us at Child and Adolescent Health Specialists

Child and Adolescent Health Specialists, PC

223 Chief Justice Cushing Highway, Suite 201
Cohasset, MA 02025
T. 781.383.8380
F. 781.383.8382

PLEASE CHECK YOUR CHILD'S PRIMARY CARE PHYSICIAN:

☐ **Jocelyn R. Healey, MD, FAAP**
☐ **Nicola J. Smith, MD, FAAP**
☐ **Katherine A. Trier, MD, FAAP**
☐ **Susan C. Martin, MD, FAAP**

GENERAL PEDIATRICS
PATIENT REGISTRATION UPDATE FORM

Child's First	Middle	Last Name	Date of Birth	Age	Sex
Child's First	Middle	Last Name	Date of Birth	Age	Sex
Child's First	Middle	Last Name	Date of Birth	Age	Sex
Child's First	Middle	Last Name	Date of Birth	Age	Sex
Street Address		City	State Zip	Email Address for office News	
Parent A.Mother's Name (Father if 2 dad family)		Parent B. Father's Name (Mother if 2 mom family)		Parent's Marital Status S ☐M ☐D ☐W☐	
Legal Guardian (if different from above) or if divorced who has legal and physical custody (Legal documentation required if not joint custody)					
Parent/Guardian Street Address (if different from above)		City	State	Zip	
Preferred Phone # (for office to contact you) Ok to leave messages: Voice ☐ Text		Parent A's Cell Phone #	Parent B's Cell Phone #	Work phone if ok to call	
Next of Kin/Emergency Contact Name			Relationship	Telephone #	

PRIMARY INSURANCE COMPANY – EFFECTIVE DATE _____

Name of Insurance Company	Policy ID #		Group #
Street Address	City	State	Zip
Name of Policy Holder	Date of Birth	Relationship to Insured	HMO PPO Deductible Other
Employer Name and Address			

SECONDARY INSURANCE COMPANY – EFFECTIVE DATE _____

Name of Insurance Company	Policy ID #		Group #
Street Address	City	State	Zip
Name of Policy Holder	Date of Birth	Relationship to Insured	HMO PPO Deductible Other
Employer Name and Address			

ASSIGNMENT OF BENEFITS

I understand that I am responsible for payment in full of all charges. I request that payment of authorized Medicare and other insurance benefits be paid directly to Child and Adolescent Health Specialists, PC. I also authorize Child and Adolescent Health Specialists, PC to release all information necessary for the processing of insurance claims to HCFA, its agents or any other insurance company to determine the benefits payable for related services.

Signature _____ Date _____

Please review the following policies which require your informed consent.

Additional practice policies, procedures, forms and resources can be found on our website www.childhealthspecialsits.com

CONSENT TO TREAT A CHILD IN THE ABSENCE OF A PARENT OR LEGAL GUARDIAN

We encourage and prefer that you, the parent or legal guardian, bring your child to all appointments with the pediatrician. You know the most about your child and this knowledge may be crucial for the pediatrician to deliver the best care possible.

Unfortunately, you may not always be able to bring your child for an urgent appointment. So that we may treat your child when s/he is accompanied by someone other than you, the parent or legal guardian, please complete the consent form below. Without your consent, we may refuse to treat your child for anything less than a very serious, life-threatening emergency.

If the pediatrician feels that your child's life is in danger, he or she will provide the necessary care without this consent.

*** PLEASE NOTE: A PARENT OR GUARDIAN MUST ACCOMPANY CHILDREN UNDER 18 YEARS OF AGE TO ALL HEALTH SUPERVISION VISITS, DEVELOPMENTAL APPOINTMENTS AND IMMUNIZATION ADMINISTRATIONS.**

Thank you for your understanding and cooperation.

Permission to Share Information with Your Child's School or Daycare

Any communication between our providers and school/daycare personnel requires your consent, including faxing forms to school/daycare. You will have access to these forms through the patient gateway. Occasionally, you may need us to send a form directly to a school/daycare. Your written consent is required to allow us to proceed with such a request.

I hereby give permission to the providers at Child and Adolescent Health Specialists PC to share information about my child with his/her school/daycare personnel, for the purposes of documentation or treatment by school/daycare personnel, to include copies of annual physical exam, vaccination history, medication forms (if administered at school/daycare), consents or excused absences for school or sports activities.

This form will remain in effect until it is rescinded in writing or until your child turns 18 years of age. Child and Adolescent Health Specialists PC has the right to deny the sharing of information if in their opinion it is not in the best interest of the child and/or providing this information would compromise their relationship with the child.

HIPAA PRIVACY PRACTICES

This is a summary of how we use and disclose your Protected Health Information. Please read the full Notice of Privacy Practices available on our web site or at our front desk or request a copy to be mailed to you, prior to signing this form.

A. We have a legal duty to protect health information about you.

B. We may use and disclose Protected Health Information (PHI) about you in the following circumstances: (***See full Notice of Privacy Practices for examples)***

1. We may use and disclose PHI about you to provide health care treatment to you.
2. We may use and disclose PHI about you to obtain payment for services.
3. We may use and disclose your PHI for health care operations.
4. We may use and disclose PHI under other circumstances without your authorization, such as when required by law or for public health activities.
5. You can object to certain uses and disclosures.
6. We may contact you to provide appointment reminders by voice message, text or email.
7. We may contact you with information about treatment, services, products or health care providers.
8. We may contact you for fundraising activities.

Any other use or disclosure of PHI about you requires your written authorization.

C. You have several rights regarding PHI about you.

1. You have the right to request restrictions on uses and disclosures of PHI about you.
2. You have the right to request different ways to communicate with you.
3. You have the right to see and copy PHI about you.
4. You have the right to request amendment of PHI about you.
5. You have the right to a listing of disclosures we have made.
6. You have a right to a copy of this notice.

D. You may file a complaint about our privacy practices.

E. A copy of the full description of Child and Adolescent Health Specialists, PC privacy practices has been made available to me. I understand my rights and how my protected health information can be used by Child and Adolescent Health Specialists, PC.

F. For additional information regarding privacy practices, contact the Practice Manager.

This Notice of Privacy Practices is effective as of today's date.

Dear Patient or Parent of a Patient,

We are pleased to inform you that our office is now participating in the Massachusetts Immunization Information System (MIIS). The MIIS is the new statewide, electronic record-keeping system (or registry) that keeps track of your/your children's immunizations (shots). This new system will help us keep complete and accurate records of the shots that you/your children get from any doctor or healthcare provider in Massachusetts, who has also completed the registration. It was developed by the Immunization Program at the Massachusetts Department of Public Health.

The MIIS will allow us to:

- keep all of your/your children's important immunization information together in one place for you and all of your healthcare providers
- know which shots you/your children are due for and when
- easily send reminders to you about your/your children's upcoming immunizations to help you in scheduling your/your children's next visit
- quickly print out the forms you/ your children need for school and camp to save you time each fall and summer

Immunization registries like the MIIS help healthcare providers make sure that everyone is up-to-date on their immunizations to keep us all healthy and prevent the spread of harmful disease. The system has been created according to state law, which requires that healthcare providers who give immunizations, report them to the MIIS. All information in the MIIS is kept confidential. You may choose to limit the providers who may see your/your child's shot records in the MIIS. However, if you do choose to limit who can view your/your child's shot records in the MIIS, we may be unable to give you a complete and accurate record of your/your child' shots if you/your child receives any shots outside of our practice, eg. ED, school or specialist office that we are not affiliated with. In that case you would have to continue to keep track of this information on your own.

If you have any questions, please call our office at 781-383-8380 and speak to one of our nurses. You may also visit the MIIS website at www.mass.gov/dph/miis, or contact the Massachusetts Immunization Program directly at 617-983-6800 or 888-658-2850.

You will have access to your child's vaccines, well visits and other information through the patient gateway (your MyChart).

Our practice uses the patient gateway (your MyChart) to notify patients/parents of certain lab/test results such as COVID-19/strep/flu tests, school forms such as medication orders, and other communications you may need. We have found this to be a very simple and effective way to get information to you, particularly forms you may want to print. We will need to create a new account for you to access your/your child's information. To do this, we will need verbal permission from you (and your child if 13 years or older), and/or the completed **Patient Care Representative form,** once you visit us in the office.

Billing for General Pediatrics

Child and Adolescent Health Specialists, PC will submit claims to our contracted insurances, which includes most major health plans.

We are not providers in limited network plans. At this time, third party or other alternative plans including First Health/Coventry, PHCS/Multiplan and Trustmark are considered out of network unless/until an individual agreement for your family is put in place. This can be done by speaking to the Practice Manager. You would be responsible for the portion of our charges not covered by your insurance, without an agreement in place. If you have MassHealth Insurance you must be in the MGB ACO plan regardless of whether MassHealth is primary or secondary. You may verify whether we are in your specific plan network on your insurance website ("Find a Doctor") or by calling the member services number on your card.

The following is a list of our most commonly applied insurance codes for General Pediatric office visits, which we use to bill your insurance. This list is provided to assist you if you have questions about what is covered by your insurance. ***Please note this is not an inclusive list.*** We are not able to determine all the services or procedures that will be needed prior to your appointment. If your plan is out of network, please review the **No Surprise Act Guidelines**.

If you have a deductible, please be aware of what is covered. Deductibles may apply to all charges or only to certain types, e.g. labs, diagnostics, procedures and hospitalizations. We submit labs to Quest lab unless you are sent to an outside lab (SSHospital or BCH lab at the Stetson Building). If you have any questions or concerns, please contact your insurance provider **prior to your appointment to avoid surprise costs to you**.

General Pediatric Codes:
If your child is seen for a "sick visit" (illness, injury, health concern), or in follow-up for treatment, the following codes would apply:
Evaluation and Management: new patient (99201-99205) established patient (99211-99215)
Telehealth calls Provider: 99441,99442,99443, Telehealth Nurse 98966,98967,98968

General Pediatric **Health Supervision Visits:** (HSV/Well child) are performed within the first week of newborn nursery discharge, and then at the following ages: 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, and then annually until age 22.

HSV, new patient (99381-99385) **HSV, established patient (99391-99395)**
***Vision screening (99713/99177) and hearing screening (92587)** will be performed at most HSVs beginning at age 3 years in addition to the examination (92587 may apply to deductible). Multiple units of screenings (96110,96127) for developmental/emotional/behavioral issues will be administered at certain ages. Some insurances only pay for 1, so any additional fee is patient responsibility. Urine and blood tests are ordered routinely at certain ages and may apply to your deductible. **If an issue or concern is addressed by the provider at your/your child's well visit, billing guidelines require it to be billed as a "sick visit" and your copay and deductible rules will apply.**

Immunization Codes:
Certain immunizations are supplied by the state of Massachusetts at no cost to the patient or insurance provider. Other vaccines are purchased by this practice and will need to be reimbursed by your insurance provider.
Fees to administer immunizations are in addition to the cost of the immunizations (90471-90474, 90460,90461)

Other General Pediatric Codes that may apply to your deductible: **Laceration Repair (11201-12011)**
Wart/Molluscum treatment (17110, 17111)

I understand that these or other applicable codes may not be covered by my insurance or may be subject to my deductible/coinsurance and if not paid by my insurance, I am responsible for payment in full. A copy of the *Office Financial Policies* has been made available to me via the website. I understand that balances are due upon receipt and are subject to a $10 billing fee if payment or a payment plan is not addressed within 30 days. Returned checks/charges incur a $25 fee. Appointments not cancelled with 24 hours' notice during business hours are subject to a $50 fee. $15 will be charged for immunization appointments not canceled with 24 hours notice during business hours. Divorce has no bearing on the responsibility for payment for medical care for your child in our office. **Whoever schedules or brings the child is responsible for payment of any balance for that appointment.**

I have read the foregoing policies and have had my questions answered. I have been made aware of additional practice policies available on the practice website. My signature indicates my understanding and agreement to the following:

- **Consent to treat my child/children in my absence**
- **Permission to share information with school/daycare personnel**
- **HIPAA privacy policy**
- **MIIS registry**
- **Billing practice and policy**

Parent/Legal Guardian Name: _____ Date: _____

Signature: _____

This form may be emailed to cahs@drbelknap.com or faxed to 781-383-8382