

Romeo K. Fernandez, M.D., P.A.

Pediatric Neurology

7000 W Palmetto Park Road, Suite 307, Boca Raton, FL 33433

Telephone:(561) 288-5990 Fax: (954) 391-5008

Patient Name: _____

Date of Birth: _____

Office Policies

Privacy Notice and Authorization to Share HIPAA Information with Non-parent

As a parent/guardian of the patient, I understand that I have the right to review the provider's privacy notice. I authorize the sharing of any medical information or records of the patient to the referring physician, primary care physician/pediatrician, another consulting physician, medical facility, or authorized body for prior authorization.

Consent to Treat Minor Children

As the legal parent/guardian of my child (listed above), I understand that this form is my/our written consent and authorization allowing Dr. Romeo K. Fernandez to conduct medical treatment for my child, necessary to effectively access and maintain the child's health and to access, diagnose, and treat the child's illness or injury. If I choose to do a procedure in his office, I authorize the office medical assistants to conduct neurodiagnostic procedures such as Electroencephalograms, computerized testing, and other procedures. I understand that in giving my/our consent to treatment, I/we retain the right to refuse any particular exam, procedure, treatment, or medication, that is recommended or deemed medically necessary by the treating health care provider.

Appointments, Cancellations, and No-Shows

- Individuals that do not provide proper referral documentation **48 hours** prior to their scheduled appointment will be asked to reschedule.
- Please arrive 15 minutes prior to your appointment time to fill out paperwork and for us to take your child's vitals.
- We have a strict 15 minute tardy policy. All patients who arrive 15 minutes late to their appointment time will be asked to reschedule if there is not an available time slot later that day. If you are running late, or have an unexpected emergency, please give our office a call.
- It is our policy that we require all appointments be confirmed. Appointment reminders will be sent via email, text message, or voice call. It is your responsibility to keep track of your appointment time and date. Any cancellations made within the 24 hour window of your appointment will be subject to a **\$25.00 cancellation fee**. If you do not call to cancel your appointment, it will be marked as a **"no show"**. If you have two or more "no shows", we will be unable to continue to care for your child.

Prescription Refills and Samples

- You must **call the office to request prescription refills**. There is a dedicated extension for refill requests. We check the systems voicemail throughout the day, so if you do not reach someone directly, please leave a voicemail and we will contact you shortly.
- Please note that prescription refill requests may take up to 24 hours to process. Prescription refills should be requested at least 3 business days before you run out.
- ADHD/Stimulant medications are federally controlled substances. Only a one month supply is provided per prescription. ADHD/stimulant medications will **NOT** have any refills. If applicable, controlled substances will be sent electronically to your pharmacy via a "2-step" validation system. Before sending the prescription electronically, it is your responsibility to make sure the pharmacy we have on your child's file is up-to-date.
- Please allow your pharmacy up to 48 hours to process your refill request. If your prescription requires prior authorization, this may delay the refill process as your insurance company must process the request as well.
- Please note that prescriptions will not be refilled after hours, on weekends, or holidays.
- Some prescriptions cannot be refilled if you have not seen your physician within the last 3 months. When you are being seen by your physician, it is your responsibility to request a refill at the time of your visit.
- If you have mail order prescriptions, please allow 7-10 business days for the necessary forms to be completed. It is very important you plan ahead with mail away prescriptions to allow us adequate time to get all the paperwork completed.
- Samples for controlled substances are not given.

Laboratory and Test Results

- It is your responsibility to know which laboratory testing facilities are authorized by your insurance.
- It is your responsibility to inform us if your insurance requires prior authorization for any lab work. It is your responsibility to call us when you have your lab work done so we may receive them prior to your next visit.
- For any genetic testing, it is your responsibility to obtain prior authorization and approval prior to having the labs done. Our office is not liable for any bills associated with your laboratory orders.
- All laboratory test results are reviewed before they are released to the patient and filed in their chart. Customarily, you will be notified of normal results by mail or phone within 7-10 days. Your doctor will report abnormal results or reports on special procedures as soon as they are available and he is made aware. If you have not heard from us within 7-10 days, please call our office.

Medical Records

- Requests for health information cannot be processed without a Medical Record Release form signed by the patient (if over the age of 18 years) or legal representative.
- If the patient is requesting a personal hard copy of their child's medical records, a fee will be charged for this service as follows: \$1.00 per page, for the first 25 pages, and \$0.25 for each page thereafter. This service is outsourced and processed weekly. If the parents/legal guardians of the patient are requesting electronic copies, we are able to send them to their personal fax machine, or via a personal flash drive provided by the patient's parents/legal guardian. Please allow 10-15 business days for your request to be processed.

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On-call Doctor

- If your child is experiencing a true, life-threatening emergency, please call 911 or take them straight to the emergency room. Do not wait to speak with the neurologist-on-call, as time may be of the essence.
- Our practice has a neurologist-on-call at all times. After hours, the on-call physician will be able to assist you for emergencies. Please do not call the on-call neurologist for routine medication refills. Additionally, pharmacies must dispense an emergency three-day supply of certain medications (for example, anti seizure medications). *Note that stimulants are not applicable to an emergency 3-day supply.*

Referrals and Prior Authorizations

- Most managed care plans require a patient to be seen by their primary doctor prior to seeing a specialist. Most referrals and prior-authorization requests are not handled here in the office. However, we may help facilitate obtaining referrals and prior authorizations.
- It is the parent/guardian’s responsibility to make sure all referrals and prior authorizations are properly obtained prior to any evaluation, testing, procedures, or lab work. A valid referral must be on file at least 24 hours prior to your appointment. Please allow 7-10 business days for non-urgent requests. You will be notified when the request has been approved and the appointment has been made.

Communication Between the Office and Patient/Parent/Guardian

- Communication regarding appointments may be sent via a link, voicemail, text message, or email.
- Communication regarding health information will be given via fax, telephone call, or voicemail. Under no circumstances will this protected health information be sent via email or text message.
- Communication via text message is strictly regarding appointment scheduling, prescription refill confirmations, and non-medical matters only. Under no circumstances should text communication be used to provide medical information regarding your child. This includes, but is not limited to, the following topics: prescription side effect inquiries, life-threatening emergencies, patient health status updates, medication dosage questions, medical reports, procedure results, and any matter regarding the medical assessment of your child.
- Please call for all medical-related inquiries.

Copayments, Deductibles, and Non-covered Services

- The payment for your visit is due at the time of check-in. This includes, but is not limited to, co-payments, co-insurance, and payments that will go towards your deductible. The amount that you owe is dependent upon your individual insurance plan. You are responsible for paying any claims that are not covered by your insurance and/or apply to your deductible.
- In the event that your health plan determines a service to be “not payable”, either when the claim is submitted or retroactively, you will be responsible for the full billed charge.
- Individuals who arrive without the proper referral or authorization and/or if their insurance does not cover certain services that they would like to have will be responsible for paying out-of-pocket fees.
- If your insurance eligibility status cannot be verified at the time of service, or becomes retroactively terminated, you will be responsible for the full billed charge of your service.

Miscellaneous

- Please notify us of any changes to you or your child’s information, such as telephone number, addresses, insurance carrier, etc.
- For the health and safety of patients and staff, we require that all patients, who are medically able, be up-to-date or on a current catch-up schedule, for vaccinations according to the CDC guidelines and AAP recommendations. Exceptions are made for patients who have medical reasons recognized by the CDC.
- In order to provide privacy for our patients and staff, please refrain from taking pictures inside of our office.
- We do our best to return phone calls and text messages on the same day, however if it is not urgent, we may take up to 24 hours to return your call. **NOTE:** Any text messages sent outside of our office hours, including weekends and holidays, will not be seen until the next business day.

Assignment of Insurance Benefits

I hereby authorize direct payment of medical benefits to Romeo K. Fernandez, M.D., P.A. for services rendered by him or persons under his supervision. Additionally, I authorize the release of any information concerning the patient’s healthcare, advice, and treatment provided for the purpose of evaluating and/or administering claims for insurance benefits. I also understand that I am financially responsible for any balance not covered by my insurance such as co-payments and/or deductibles.

Responsible Party Signature: _____

Responsible Party Printed Name: _____

Date: _____