



Thiru S. Arasu, M.D.
Pediatric Gastroenterologist

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Pediatric Gastroenterologist

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Pediatric Gastroenterology & Nutrition of Tampa Bay

*****By signing below, I acknowledge that I have read and understand the policies set by the practice.*****

PATIENT: _____ **DOB:** _____

PARENT/GUARDIAN: _____

CO-PAY'S & OUTSTANDING BALANCES:

Co-pays are due at the time of service. This is your responsibility due from you according to your insurance plan and is to be collected at the time of visit. Outstanding Balances need to be paid in full unless you have an active payment plan with our billing department.

LABS & X-RAYS:

We require all patients to follow up with our physicians and/or Nurse Practitioners to receive results of any labs or X-rays. This is necessary so that our physicians can answer any questions you may have regarding the care of your child as well as discuss any future plan and/or treatment options with you. When we order labs and/or X-rays, please have them completed in enough time prior to your next visit. We suggest 1 week before your next appointment.

NO SHOW POLICY:

If you have an appointment with our office and are unable to attend, you must give our office 24-hour notice so that we may give the appointment to another needy child. In the event that 24-hour notice cannot be given, please give our office a call as soon as possible.

If we do not receive a call within 24 hours prior to your scheduled appointment, you will be responsible for a \$25.00 No Show Fee. If you had a procedure scheduled and do not call 24-hours prior to the procedure, you will be responsible for a \$50.00 No Show Fee for the procedure. These are not covered by your insurance and must be paid before the next visit. After the third missed appointment, we will no longer be able to offer medical care for your child.

RETURNED CHECK CHARGE:

If we receive a returned check from your bank due to non-sufficient funds, account closed, etc. you will be charged an administrative fee of \$35.00. This fee and any balance due will need to be paid by you prior to your next appointment. Please note that this is not covered by your insurance.

COLLECTIONS ON ACCOUNTS:

If your account is placed with a collection agency due to non-payment for any guarantor balances, you will be responsible for any costs associated with these collection efforts. Possible cost could include collection percentage for outside company fees and attorney/court fees that may apply. It is important that you communicate with our billing department if payment arrangements need to be made.

COMPLETION OF FORMS:

Please note that there is a \$25.00 minimum charge for the completion of all paperwork, including FMLA, Homebound, short term and long term disability paperwork. Payment will be collected at the time paperwork is received in our office. Paperwork will be completed as quickly as possible, and our office will call you when it is completed. FLMA, Short Term, Long Term Disability paperwork \$35.00, Homebound paperwork \$25.00.

MEDICATION HISTORY: (Check Box for Consent to obtain Medicine History)

Yes **No** For your child's safety, we are able to view your child's medication history electronically from your pharmacy. This will allow us to view any interactions between medications we prescribe and other medications that your child is currently on.

PHOTO'S OF PATIENTS: (Check Box for Consent of photo)

Yes **No** I give permission to Pediatric Gastroenterology & Nutrition of Tampa Bay to photograph the patient to their system.

Print Name: _____ **Signature:** _____ **Date:** _____