WEECARE FOR KIDS
Registration

	CHILD'S FIRST NAME	LAST NAME	DATE OF BIRTH		
1.				☐ Boy	☐ Girl
2.				☐ Boy	☐ Girl
3.				☐ Boy	☐ Girl
4.				☐ Boy	☐ Girl
5.				☐ Boy	☐ Girl

Parent / Guardian Information

Parents Maritial Status: Married Divorced Separated Single/Never Married

Child(ren) Resides with: Both Parents Mother Father Guardian

Name Date of Birth

Relationship to Child: Mother/Father Biological/Adoptive Stepparent Guardian

Address City Zip Code

Best # for calls

Social Security Number Alternate Phone

E-mail

REQUIRED

Name Date of Birth

Relationship to Child: Mother/Father Biological/Adoptive Stepparent Guardian

Social Security Number E-mail

REQUIRED

Address Same As Above ☐

Address City Zip Code

Cell Phone Alternate Phone

I acknowledge that I have reviewed the WeeCare For Kids Privacy Policy _____ Initial

_____

Signature Print Name **Date**

We now have a patient portal.
The following information is very important so that the office can give you the best experience in using the portal and our email notification system.

Primary email for the family: _____

Primary cell phone for the family: _____

Communication Preferences:
By allowing us to use your email, you are able to use the patient portal and confirm appointments online through your email. Cell phone notifications will be a message by our automated system or the staff – voice messages will be left if option is available.

Appointment confirmations	□ email	□ cell phone	□ both
Test Results	□ email	□ cell phone	□ both
Health Maintenance Reminders	□ email	□ cell phone	□ both
Patient Education	□ email	□ cell phone	□ both
Messages	□ email	□ cell phone	□ both

Messages through the patient portal only gives notification by email that a message is available.

Please remember that we do our best to remind you of appointments but it is still your responsibility – please write it down.

Our new Electronic Health Record system allows a photo of your child to be stored as an extra method of identification. I am the parent or legal guardian and grant WeeCare for Kids my permission to use my child's photograph in this system - _____
Signature

Our new system now allows the office electronic prescriptions for non-controlled substance medications. Please provide your preferred pharmacy.

Primary pharmacy choice: _____

Secondary pharmacy choice: _____

The above information was given today by:

_____ _____

Print Name Signature

Office use: Account(s) _____

WeeCare For Kids, PA
11948 Balm Riverview Road
Riverview, FL 33569
Phone: (813) 236-9000
Fax: (813) 236-9002

AUTHORIZATION TO PROVIDE MEDICAL TREATMENT FOR MINOR

Please note that only the parent or legal guardian of the minor my authorize treatment. **Stepparents CAN NOT complete this form.**

I _____

PRINT NAME OF LEGAL GUARDIAN

authorize WeeCare For Kids, PA and its personnel to deliver medical services to my child(ren):

CHILD'S FIRST NAME	LAST NAME	DATE OF BIRTH

I authorize the following people to bring my child(ren) in for medical treatment:

NAME	RELATIONSHIP TO CHILD

_____ _____

Signature of Legal Guardian Date

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11948 Balm Riverview Road
Riverview, FL 33569
Phone: (813) 236-9000
Fax: (813) 236-9002

APPOINTMENT CANCELLATION, NO SHOW AND LATE POLICY

At WeeCare For Kids, it is our philosophy to not double or triple book appointment times. Also, the office schedules appropriate time for each appointment based on the type of appointment. This approach minimizes your wait at the office and provides adequate time for each patient.

CANCELLATIONS REQUIRE AT LEAST 24 HOURS NOTICE

Should your family need to cancel an appointment, appointments must be cancelled at least 24 hours prior to your appointment time to avoid a cancellation fee. Therefore, APPOINTMENTS MADE AND CANCELLED THE SAME DAY WILL INCUR A CANCELLATION FEE.

NO SHOW: NOT SHOWING UP FOR AN APPOINTMENT WILL INCUR A FEE

If your family does not show up for an appointment a fee will be charged based on the type of appointment scheduled.

Remembering appointments is your responsibility. Appointment reminders are a courtesy. Do not rely on us to remind you of an appointment. Please note the missed appointment fee is not covered by any insurance. Families may be dismissed from the practice after a total of three (3) appointments have been missed without notification or cancellation.

LATE ARRIVAL MAY INCUR A FEE

If your family arrives more than 10 minutes past your appointment time, you may be asked to reschedule the appointment and be charged a fee.

Missed Appointment Fees - Cancellation, No Show, Late:

TYPE OF APPOINTMENT		FEE
Sick or Same Day Appointment	15 minutes	$30
Well Visit / Physical Appointment	30 minutes	$50
Quarterly Medicine Check Appointment	30 minutes	$50
Behavior Appointment	45 minutes	$75

THE FEE MUST BE PAID BEFORE A NEW APPOINTMENT CAN BE SCHEDULED.

Signature of Acknowledgement Print Name Date

CREDIT CARD ON FILE (CCOF) AGREEMENT

At WeeCare For Kids, we require a credit card on file. This is a convenient method of payment for the portion that your insurance doesn't cover, and for which you are liable. **Statements will no longer be mailed to your family.**

Your credit card information is kept confidential and secure and payments to your card are processed only after the claim has been filed and processed by your insurer.

I, the undersigned, authorize and request WeeCare For Kids to charge my credit card, indicated below, for balances due for services rendered. This authorization relates to all payments not covered by my insurance company for services provided to my children by WeeCare For Kids and charges from their office policies such as no-show or late cancellation fees.

It is my responsibility to notify Weecare For Kids of any updates or changes to the credit card on file associated with this agreement as soon as possible. **I understand that there is a $25 fee for any invalid or rejected cards**.

This authorization will remain in effect until I cancel this authorization. To cancel, I must give a 60 day notification to WeeCare For Kids in writing and the account must be in good standing.

☐☐**Mastercard** ☐☐**Visa** ☐☐**HSA/HRA** ☐☐**AMEX/Discover**

$5 Convenience Fee per transaction

Last 4 numbers of credit card _____

Expiration Date _____/ _____

Cardholder Name _____
Print

Billing Address _____

City _____ **State** _____ **Zip** _____

Billing Phone Number _____

Email address (for emailed receipts) _____

Signature _____

Date: _____

Office Use:

Account # _____ CCOF Vaulted

Child Name

WeeCare For Kids, PA
11948 Balm Riverview Road
Riverview, FL 33569
Phone: (813) 236-9000
Fax: (813) 236-9002

FINANCIAL AGREEMENT (Page 1 of 4)

Patient's Name: _____Date of Birth:_____

Patient's Name: _____Date of Birth:_____

Patient's Name: _____Date of Birth:_____

Patient's Name:_____Date of Birth:_____

FINANCIALLY RESPONSIBLE PARTY

This is a financial agreement between WeeCare For Kids, PA and the Financially Responsible Party for the Minor(s) named on this form. By executing this agreement, you, as the financially responsible party, are agreeing to pay for all services that are rendered.

Once you have signed this agreement, you agree to all of the terms and conditions contained herein. **Failure to provide all the following information for the Financially Responsible Party will result in payment in full due at the time of service.**

_____

Financially Responsible Party - Print Name Date of Birth

_____

Financially Responsible Party - Address City Zip Code

_____

Financially Responsible Party - Social Security Number Phone Number

_____

Financially Responsible Party - Signature Today's Date

Office use:
Account # (s) _____

Financial Agreement Reviewed by _____

FINANCIAL AGREEMENT AND POLICIES (Page 2 of 4)

The following details your financial responsibility:

Payment is Due at the Time of Service: Payment includes but not limited to all copayments, deductibles, coinsurance and all past due balances. Payment is required regardless of who brings the child for the appointment. Babysitters, grandparents, divorced parents, etc. must be prepared to make payment at time of service. WeeCare For Kids accepts cash, check, VISA and Mastercard.

- If you are unable to pay at the time of service, and have not made other arrangements prior to the appointment, a $15 service charge will be applied to the day's visit.
- **Payment by Credit Card/Credit Card on File (CCOF)**: WeeCare For Kids has a policy requiring a credit card be held on file. You agree to keep your credit card information current and authorize WeeCare For Kids to securely store your credit card information. The storage system used is fully compliant to the highest level of credit card storage security regulations. Your card will be charged for outstanding balances after claims have been processed or any charges from office policies requiring payment. Your financial responsibility appears on your Explanation of Benefits from your insurance company. These charges normally appear around 2 weeks after your office visit and are your responsibility to review. You understand that there is a $25 service charge for any invalid cards or insufficient funds.
- **Refusal of Credit Card on File**: If you refuse to place a credit card on file with our office, **a retainer of $50 must be placed AND maintained on your account** that would be used for outstanding balances after claims have been processed or any charges from office policies requiring payment. Your financial responsibility appears on your Explanation of Benefits from your insurance company. These charges normally appear around 2 weeks after your office visit and are your responsibility to review. Recurrent issues of unpaid balances will require payment in full at the time of service.
- **Returned Checks**: There is a service charge up to $40 for all returned checks. All future payments will be required to be cash or credit card.

Missed Appointment Fee: When a patient does not show up for an appointment, or cancels with less than 24 hours notice, a fee will be charged. The fee ranges from $30 to $75 depending on the type of appointment and must be paid before a new appointment can be scheduled. Please refer to Appointment Cancellation, No Show and Late Policy. These fees will be charged same day to CCOF or retainer. Families with three (3) missed appointments may be asked to transfer their care to another practice.

After Hours Office Services: Please be advised additional fees may be applied for services rendered after hours, which includes evenings after 5:15 pm.

After Hours Telephone Services: At this time after hours support is complimentary for emergency situations.

Medical Forms: The office requires at least three (3) business days to complete requested paperwork. Most forms require a fee to complete. The fee is due at the time of the request. There is a $5 mailing fee if any form(s) is requested to be mailed.

Surplus On Account: If you make a payment that results in a surplus on your account, you authorize WeeCare For Kids to apply the overpayment to any other account for which you are financially responsible.

Refunds: Refunds can be requested if the credit amount is over $30 and there are no pending insurance claims. Refunds will be issued within 4-6 weeks from the date requested. You will be notified and ID is required for pick up.

Third Party Liability Injuries: If you receive treatment as a result of a third party liability injury (example: motor vehicle accidents, premises liability, or other general liability claims), the balance for services rendered is due **in full** at the time of the service. We will not accept delay in payment due to settlement disputes or litigation. We will not accept a letter of protection from any attorney as a guarantee of payment or assignment of third party insurance payments. WeeCare For Kids cannot act as administrator to resolve financial arrangements. It is your responsibility to submit any claims to your third party insurance.

FINANCIAL AGREEMENT AND POLICIES (Page 3 of 4)

Insurance: Insurance is a **contract between you and your insurance company**. We are not a party in this contract. It is important for you to understand the specifications of your insurance policy - visit coverage including well visits, vision and hearing screens, vaccine coverage, referral/authorization requirements, radiographs, laboratory tests, urgent care facility care. It is the insurance company that makes the final determination of your eligibility, benefits and cost. We are unable to negotiate or change any policy requirements. Again, this is YOUR contract.

WeeCare For Kids is not responsible for filing your insurance claims, but as a courtesy we will do so to your primary insurance carrier provided you agree to the following:

- Your insurance company may not accept information from our office and may need information from you. It is your responsibility to comply with their request in a timely manner. You are responsible to ensure that you respond to any correspondence from your insurer including any inquiry about coordination of benefits (COB), so claims can be processed quickly.
- Although we may estimate your insurance benefits and balances, we are not responsible for their accuracy. There may be a subsequent balance owed to WeeCare For Kids once the insurance company has submitted payment and assigned responsibility. You agree to pay any portion of the charges not covered by insurance.
- WeeCare For Kids will bill your primary insurance company as a courtesy. Failure to provide complete and up to date insurance information, INCLUDING A COPY OF THE INSURANCE CARD, at the time of visit may result in you being responsible for the entire bill.
- If WeeCare For Kids has not received payment from your insurance company within 90 days from the date of service, you will be responsible for paying the balance in full.
- All charges not paid by your insurance company are your responsibility REGARDLESS of the reason for nonpayment.
- WeeCare For Kids will NOT file secondary insurance claims, except for Tricare.
- Managed care plans (HMO's) require you to chose a primary care provider (PCP). Be sure the doctor you have chosen as the PCP is from WeeCare For Kids. We are unable to do this for you, and must be done prior to the office visit. Failure to assign the correct PCP may result in you being responsible for the entire bill if the insurance company denies the claim submitted by WeeCare For Kids.
- Due to the complexity of Market Place/Self Funded plans, it is required that a credit card remain on file with WeeCare For Kids if the patient is covered under such a plan. If you refuse to maintain a credit card on file or the account falls into a "grace period", payment of all services is due in full at the time of service and all appointments thereafter.

  You can submit claims to your insurance for personal reimbursement. Please let us know if you need a receipt that includes all information necessary for submitting claims to your insurance company.

Self Pay: Self-pay accounts are patients without insurance coverage, patients without an active insurance plan on file at WeeCare For Kids, or potentially patients with insurance coverage with a plan for which WeeCare For Kids is considered out-of-network by the insurance company.

- Self-pay patients will receive a 25% discount on all professional services rendered when payment is made in full at the time of service and where no claim form is prepared or billing statement has to be mailed.

Additional Charges: Please be aware that some services like in-house lab tests, vision screens, hearing screens, etc may be considered non-covered under your insurance policy or applied to your deductible. It is the patient's responsibility to be aware of the individual policy restrictions, guidelines, and coverage.

- In-house lab tests, venipunctures, injections, or procedures may result in additional expenses.
- Please be aware that issues addressed during your Preventive (Well) Visits that are not related to the wellness exam could result in additional charges.

FINANCIAL AGREEMENT AND POLICIES (Page 4 of 4)

Balance on the Account: If you have a balance on your account, it is your responsibility for following your insurance EOB. WeeCare For Kids will not send a monthly statement per the Credit Card on File policy.

- Unless other arrangements are approved in writing, the balance on the account is due when your insurance EOB has been issued and is past due if not paid within 30 days.
- There will be a statement fee of $10 per statement if a statement must be mailed in regards to a due balance. WeeCare For Kids will send at most two (2) statements requesting payment. If after 60 days there still is no payment or arrangements made for payment, the account will be considered delinquent.
- A finance charge of 1.5% will be imposed every thirty (30) days the account is past due and there is no payment or financial agreement plan in place.
- Patients with an outstanding balance of 60 days overdue must make arrangement for payment prior to scheduling future appointments.
- We do understand that temporary financial problems may affect timely payment. We encourage you to communicate any such problems so that we can assist you in the management of your account. WeeCare For Kids offers a payment plan utilizing automatic, recurring charges with a credit/debit card. The minimum monthly payment allowed is $50.

Delinquent Accounts: An account is considered delinquent 60 days after the initial statement has been sent. If the account becomes delinquent, WeeCare For Kids will take necessary steps to collect this debt, including referral of the account to an outside collections agency without notice. You agree to pay all administrative costs associated with processing, handling and collecting the delinquent account. You agree that if WeeCare For Kids has to refer the delinquent account and should retain any lawyer or outside collections agency for collections, you agree to pay all costs of collections including reasonable interest, reasonable attorney's fees, and reasonable collection agency fees. In case of suit, you agree the venue shall be in Hillsborough County, Florida.

Authorization to Contact: You authorize WeeCare For Kids personnel to communicate by mail, messages, texting, and/or email according to the information provided in your patient registration form. WeeCare For Kids, or any agent or servicer of your patient account, may use any information you provided, including contact information, email addresses, cell phone numbers, landline numbers, to contact you for purposes related to your account, including debt collection. You authorize WeeCare For Kids to use this information in any manner consistent with the information you have provided, including mail, telephone calls, emails, and text messages. You consent to any such contact being made by the most efficient technology available, including automatic dialing equipment or prerecorded messages.

Medical Records Release: You authorize WeeCare For Kids and associated physicians and staff to release patient information required in the course of your treatment including but not limited to any and all medical records, notes, tests, x-ray reports, or other documents related to your treatment that is deemed necessary to process claims to the necessary insurance companies, third party payors, and/or other physicians or healthcare entities as they require to participate in your care. You authorize the release of any medical information necessary in order to obtain payment on your account. Families that leave the practice may have one courtesy copy of the medical records sent to the new provider if your account is in good standing and not delinquent. Otherwise, WeeCare For Kids follows Florida Rule 64B8-10.003 for the records.

I agree that a photocopy of this Financial Agreement shall be as valid as the original.

I have read and understand WeeCare For Kids financial policies and I accept responsibility for payment of any fees associated with rendered services.

_____

Financially Responsible Party - Signature Printed Name Today's Date

WeeCare For Kids, PA
11948 Balm Riverview Road
Riverview, FL 33569
Phone: (813) 236-9000
Fax: (813) 236-9002

INSURANCE OR SELF PAY DESIGNATION

Patient's Name_____Date of Birth_____

Patient's Name_____Date of Birth_____

Patient's Name_____Date of Birth_____

Patient's Name_____Date of Birth_____

☐ **The above children are NOT covered under an insurance plan and will be SELF PAY.**

☐ **The above children are covered under the following insurance/health plan:**

Insurance/Health Plan	Member ID Number	Group Number
Policy Holder	Relationship to Child(ren)	Effective Date of Policy

Address of Policy Holder IF DIFFERENT FROM PRIMARY ACCOUNT ADDRESS

Assignment of Health Plan Benefits: I authorize the insurance carrier/health plan to pay benefits directly to WeeCare For Kids, PA, or any provider under contract with them. I agree to pay all applicable copayments, coinsurance and deductibles that my insurance carrier/health plan is not responsible for at the time of service. I understand that in the event my insurance/healthcare contract does not cover services performed, I will be fully responsible for payment of these "non-covered" services.

Signature of Policy Holder or Representative Print Name Date