

**Bay Area Pediatric Pulmonary Medical Corporation
Patient Information**

Patient Name _____ Sex: F M Date of Birth _____
Street Address _____ Social Security # _____
City _____ State _____ Zip _____ Home Phone (____) _____
Employer/School _____ Work Phone (____) _____
E-mail _____

Parent/Guardian _____ Sex: F M Date of Birth _____
Address (if different from patient's) _____ Home Phone (____) _____
Employer _____ Work Phone (____) _____
Mother's Occupation _____ Father's Occupation _____

Emergency Contact _____ Home Phone (____) _____
Home Address _____ Work Phone (____) _____

Responsible Party for Payment Self Parent Other Name _____

INSURANCE INFORMATION

Primary Insurance _____ ID# _____
Group # _____
Insurance Address _____ Phone # _____
Subscriber Name _____ Relationship to Patient: Self Spouse/Partner Parent Other
Social Sec # _____ Date of Birth _____ Employer _____

Secondary Insurance _____ ID# _____
Group # _____
Insurance Address _____ Phone # _____
Subscriber Name _____ Relationship to Patient: Self Spouse/Partner Parent Other
Social Sec # _____ Date of Birth _____ Employer _____

Please note that failure to provide us with correct insurance information or to notify us of any changes in your insurance could result in medical charges to you.

Bay Area Pediatric Pulmonary Medical Corporation
Financial Information Agreement and No Show/Cancellation Policies

To our patients:

We welcome you to our office and promise to provide your child with the highest quality medical care. However, we must ask that in return you help us by accepting the following responsibilities. We ask that you sign below to acknowledge that you have read and understand these policies. Please be sure to sign all three signature lines.

We require at least 48-hour notice if you cancel or change your appointment.

- You will be charged: \$50 for each missed clinic appointment and \$100 for each missed procedure (ex: PFT, bronchoscopy, sleep study) appointment, if you fail to give 48-hour notice of cancellation or change.
- Missing or late cancellation of 3 appointments may result in termination of our relationship with you as a patient.
- *Why is there a cancellation or rescheduling charge?* As you may remember our physician's schedules are always filled for several weeks in advance. Scheduling is a complex process and a great deal of preparation is performed in the 48 hours prior to your appointment. When we receive last minute cancellations or requests to reschedule, it is usually too late to book another patient.
- We realize that unforeseen circumstances may necessitate changing an appointment within 48- hour window before your child's appointment. Be aware that the \$50 fee may still apply. If this happens to you, please call our office at 510-428-3885. Ext. 5282 to let us know.

All co-payments, deductibles, share of cost payments, and other fees are due at the time of your visit.

- Co-payments are required at time of visit. If the co-payment cannot be made, your child will not be seen and will need to reschedule the appointment.
- We only accept checks or cash. If your check does not clear, you will be responsible for
 - 1) payment in cash
 - 2) \$50.00 fee plus any bank charges
 - 3) future payments will be required in cash

If you have an outstanding balance, a payment must be made at the time of your visit.

- You will be expected to make a payment on your outstanding balance at each visit and then regularly by mail until the balance is cleared.
- We will not schedule further care in the office if you do not make regular payments on your bill.

We charge a fee to complete forms and letters (including disability and school forms)

- Fees are determined by the length and complexity of the form (\$20- \$150).
- Fees may be waived if forms can be completed during allotted appointment time.
- We charge an additional \$10.00 to rewrite lost forms, prescriptions and lab requisitions.
- Please allow 7 business days for completion of forms. If you need a letter and it cannot be completed at time of visit, a \$50.00 minimum is required within a 48-hour window.

Collections

- If it is necessary to assign your account to a collection agency and/or attorney, you will be responsible for all of BAPP's collection agency and/or attorney fees and costs.

