

Chestnut Pediatrics
Pediatric Office Policy
Nikki Banh, M.D. and Nazzi Mojibi, M.D.



On-Call Physician. There is a qualified physician on call for our patients at all times. This is a courtesy service to assist you with emergency situations. Routine questions and concerns should be addressed during office hours. Prescriptions will not be called in without an office visit.

Office Services. We want to provide your child with excellent medical care. This cannot be done over the phone. Our staff can answer simple, routine questions for you and guide you in seeking further care. If you have a life threatening emergency, call 911. "Same-day" office visits can be scheduled to address acute illness and injuries. Non-urgent concerns should be addressed at a routine office visit. Well Child visits are scheduled in advance. Parents may schedule appointments without the child present to discuss concerns, such as behavior, with the physician.

Facilities. Drs. Banh and Mojibi care for newborns at Clovis Community Medical Center and St. Agnes Medical Center. Patients delivering at Community Regional Medical Center will be admitted to the UCSF Fresno Pediatric Residency program. Patients requiring admission to Children's Hospital will be referred to the Children's Hospital Physician Group for the duration of their stay.

Vaccine Registry. Our patient vaccine histories are registered on a county wide secure web-based registry. This information is accessible by schools, medical institutions and the Public Health Department.

Elective Vaccine Visit Policy. Our practice follows the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) immunization schedule. If you choose to follow an alternate immunization schedule for nonmedical reasons, there will be a \$20.00 administrative fee for each of these elective vaccination visits. This is not a fee covered by your insurance and will be collected at the time of each "Nurse-Only" vaccination visit.

Privacy. We make every effort to protect your privacy and maintain your medical information in a confidential manner. We have a Health Information Portability and Accountability Act (HIPAA) office policy in place which describes how your protected health information may be used and disclosed and how you can obtain access to this information. Upon request, our office staff will supply you with your own copy of our Notice of Privacy Practices. With a few exceptions defined by federal law, we cannot release any of your child's information to anyone except their parents or legal guardian, including extended family members, without your specific written consent. For patients 14 years of age and over, certain medical information cannot be discussed with or released to anyone except the patient without their consent.

Healthy Choices. We want to work with you to help you make healthy choices for your child. You have the right to decline any medical therapies or evaluation which we might recommend. Occasionally we

may require testing such as toxicology studies or pregnancy tests to provide complete medical evaluation of your child or adolescent.

Videos and Pictures. We respectfully request that you refrain from taking videos or pictures of any medical procedures, including vaccine administration.

Payment. Payment is expected at the time of service. We accept cash, check or credit cards. We will bill your insurance as a courtesy to you; however, you are responsible for providing us with the complete and accurate billing information. The contract you have with your insurance carrier determines what services they will cover for you. Therefore, it is your responsibility to determine covered services through your own health plan. We collect the co-pay identified by your insurance plan each time office services are provided. Any service not covered by your health insurance must be paid for on the date of service.

Eligible Facilities. Many insurance carriers require that you use specific providers, including laboratory and radiology services. It is your responsibility to determine which providers are contracted with your insurance carrier.

Out of Pocket Expenses. These services are not covered by insurance:

Returned checks	\$35.00
Late fee (on patient responsibility balance over 30 days)	2%
Missed appointment (cancelled less than 24 hours in advance)	\$50.00
Medical records – If sent to another physician	courtesy
All other requests	\$20.00
School, daycare and sports forms	courtesy with recent physical

Cancellations. If you are unable to keep your appointment, we ask that you notify our office at least 24 hours in advance or as soon thereafter as possible. We often have sick children who can be scheduled in your appointment slot if you notify us that you will not be keeping your appointment. If your cancellation is within 24 hours of your appointment, you may be charged a missed appointment fee. If you continue to miss appointments, you may be dismissed from this practice.

Scheduling. We respect your time and make every attempt to keep you from prolonged wait times. We try to keep our schedule realistic. We ask that when you schedule an appointment, you identify specifically what you need from the appointment. If you have more than one child that needs to be treated, please let the staff know at the time of scheduling. If you arrive late for your appointment, you may be asked to reschedule. We will do our best to keep you apprised if situations arise that will significantly prolong your wait time, and offer you the option of rescheduling.

Respect. We do our best to offer you excellence in medical care in an atmosphere of comfort and respect. In turn, we ask that you respect our staff and other patients by cooperation with our policies. If you have questions and/or concerns about our policies, please ask to speak with our administrator. We value your input and appreciate your suggestions.

Notice to Consumers
Medical doctors are licensed and regulated by the Medical Board of California (800)633-2322 www.mbc.ca.gov

Thank you for your trust and allowing us the privilege of caring for your child.

I have read and agree to these policies, and have received a copy of Dr. Banh and Dr. Mojibi's office policy document.

Parent Signature _____

Date _____

Office Staff _____

Date _____

Acknowledgment of Receipt

Federal law requires that we seek your acknowledgment of receipt of the Notice of Privacy Practices. Please sign below.

I acknowledge that I have received the Notice of Privacy Practices with an effective date of June 17, 2013 and I understand that if I have any questions regarding the Notice, I may contact the Privacy Officer.

Printed Name _____

Signature _____

Date _____

Office Staff _____

Date _____