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HIPAA NOTIFICATION

To protect your and your child's privacy of patient health information, our office has implemented Health Information Portability and Accountability Act (HIPPA). In your absence we will request from the person with your child for some form of photo ID to compare to your child's patient profile that you completed giving specific person's permission for consent for treatment and Patient Health Information. If the person with your child is not listed on the Patient Profile, our office will contact you. As well, anyone other than the parent picking up prescriptions, forms or any other information on your child will also need to present photo ID.

CURRENT INFORMATION

Parent or guardian of child is required to notify our staff of any changes in patient information, such as insurance, benefits, parent's employer, patient name, home address and/or contact numbers. You will be asked to present your current insurance cards at each appointment.

APPOINTMENTS AND NO-SHOWS

Same day appointments, call between 9am and 10am. General, non-urgent appointments, please call after 11am. For all EMERGENCIES, please call 911 or go to the nearest Emergency Room. Should you need to see the doctor during non-office hours, call office and the answering service will assist you. **Vaccination and Physical visits are scheduled on the hour. We are unable to see more than 2 children per family for physical/vaccination in a day. **Parent or legal guardian must accompany their child for all vaccinations, physical and ADHD appointments. If someone other than parent must accompany child, please ask us for the proper form. **Our office does not charge for No-Shows and appreciate your cooperation in calling 24 hours in advance if you are unable to keep appointment. An excess of NO-SHOWS could result in being discharged from our practice.

PAYMENT AT TIME OF SERVICES

Co-pays will be collected during the check-in process. If you have not met your deductible or have a co-ins, it will be calculated and collected upon check-out. Self pay patients will be required to pay in full at the time of services.

We accept cash, checks, visa and master card. Payment plans are available by contacting billing.

CLAIMS FILING

We file all claims to your insurance company and also coordinate benefits with your secondary payers. You are responsible for timely payment of patient balances. You are also responsible in the event a claim is disputed or denied.

PATIENT BILLING AND COLLECTIONS

Patients with unpaid balances will receive a statement from the office and are expected to remit payment in full upon receipt of statement unless other arrangements have been made. Three contacts will be made to collect unpaid balances before account is turned over to a collection agency. Patients with unpaid balances or in collections will be required to make payment in full or payment arrangements prior to scheduling another appointment. **Please call the billing office should you receive a statement you do not understand.**

LABS AND XRAY

It is the responsibility of the parent to know which facility their insurance participates with for labs and x-ray. When we receive lab report, the doctor or medical assistant will call you with results. If you do not hear from us within 48 hours, call our office.

REFERRALS

Should your child need to see a specialist, you may choose the doctor from your network or ask Dr Vyas for a reference. If a referral is required, our office will obtain that for you.

Medical Records

To release medical records, our office must have a signed records release form. Please give office 14 days to complete all requests.

FORMS

As our office receives a large number of requests daily for forms, please allow 24 hours to complete any and all forms. Forms will not be faxed to schools, daycares, homes or WIC office. If you need any forms completed, (shots, physical, WIC, etc) at the time of an appointment, please let us know upon check-in as not to delay your appointment.

Patient Name: _____ Date of Birth _____

Parent/Guardian Signature: _____ Date _____

Print Name: _____