LFPA Account #_____

Lake Forest Pediatric Associates

Notice of Privacy Practices
Acknowledgement & Authorization Form

Patient Name: DOB:

Notice of Privacy Practices (NPP)

The Notice of Privacy Practices (NPP) explains how Lake Forest Pediatric Associates (LFPA) may use and share your protected health information (PHI). It also describes your rights with respect to your PHI.

- LFPA will use and share your PHI to treat you and to bill for the services we provide.
- LFPA will use and share your PHI in the general course of operating our business.
- LFPA will use and share your PHI as required and allowed by law.

Phone Message and Contact Authorization

Do the physicians and staff of Lake Forest Pediatric Associates have your permission to leave messages containing medical and/or financial information on your voice mail? Please CHECK the appropriate answers below:

☐ YES ☐ NO*

**LFPA utilizes an automated system for calling and reminding patients of their appointment date, time, and location. If you check "NO", you will still receive an appointment reminder phone call, which may leave a voice mail message.*

Authorized Individuals

I give authorization to the doctors and staff of Lake Forest Pediatric Associates to discuss my/my child's protected health information (PHI) and financial information with the following people.
The individual(s) named below will also be considered emergency contact(s) unless you specify otherwise.

	NAME	RELATIONSHIP	PHONE
1			
2			
3			

I understand that the NPP is available on the LFPA website (www.lakeforestpediatrics.com) and at my physician's office.
I acknowledge receipt of the LFPA Notice of Privacy Practices (NPP).
I understand that it is my responsibility to inform LFPA of any desired changes to the list of authorized individuals.

Signature of Patient (if 18 years or older), Parent or Guardian Print Name Date

LFPA Account #_____

Lake Forest Pediatric Associates

Financial Policy & Consent For Medical Treatment

Patient Name: DOB:

Account Responsibility

As the patient, or parent/guardian of a child, registered with Lake Forest Pediatrics (LFPA), you are agreeing to accept responsibility for all balances incurred on behalf of the named patient's medical care. Patient balances are due within 14 days of receipt of a statement. If you feel your statement is incorrect, have a concern regarding insurance, or are experiencing financial difficulties please contact our business office ASAP at (847) 295-2260.

The individual (patient or parent/guardian) signing this Financial Policy will be responsible for any charges associated with the patient's account. If a divorce or custody decree requires the other parent to pay all or part of the costs, it is the authorizing parent's responsibility to collect from the other parent. LFPA will not intervene to determine a parent's responsibility for payment.

Co-Pays & Payment at the Time-Of-Service

If required by your insurance plan, you will be expected to pay your co-pay each time your child is seen in our office.
LFPA accepts cash, checks, and all major credit cards.

Additionally, payment will be expected at the time of service when:

- LFPA is not contracted with the patient's insurance plan
- LFPA is not able to verify insurance eligibility
- The patient does not have insurance coverage
- The patient has new insurance coverage, but is unable to provide an insurance card

Professional Services Rendered & Fees

If the patient is seen for a scheduled preventive visit and another condition is treated at the same time, the provider will bill for each service performed in accordance with CPT coding/billing guidelines. If insurance information is not provided within 90 days of the date of service, Lake Forest Pediatrics will not submit claims to the insurance company.

Fees will be charged for the following:

After Hours Phone Calls - After 4 pm til 8 am	$25
NSF Check	$35
No Show/Late Cancel* (regular visit)	$50
No Show/Late Cancel* (extended visit)	$75

*Appointments that are cancelled with less than four (4) hours' notice shall be subject to a late cancellation fee.

Annual Administrative Fee – $35 per child / $100 for 3+ children*

An annual fee of $35 per child (max $100 per family) supports medical record maintenance, patient education, referral assistance, prescription refills, form completion, and other essential administrative services. This helps us continue delivering high-quality, efficient care. Please contact our office with any questions—we're happy to assist.

*This fee does not apply to Medicaid or state-funded insurance plans, in accordance with federal and state regulations.

Past Due & Collection Accounts

Delinquent accounts may be placed with an outside collection agency. If placed with an agency, the account will be assessed a 30% collection fee. **Placement of an account with an agency will result in termination of the patient/provider relationship.**

- I acknowledge that I have read and understand the policies stated above and agree to accept financial responsibility for the services rendered to the patient. I understand that LFPA may file a claim, on my behalf, with my insurance company and that any balance not paid by insurance is my responsibility (contractual write offs excepted). I understand that LFPA can only code and file a claim for medical services with a diagnosis that was encountered and documented in the medical record. Altering a diagnosis code in order to secure insurance payment is inappropriate and fraudulent.
- I authorize the release of any medical information necessary to facilitate the processing of insurance claims.
- I authorize and consent to the providers at Lake Forest Pediatric Associates providing treatment for the patient.

Signature of Patient (if 18 years or older), Parent or Guardian | Print Name | Date