



Step Pediatrics, P.A
Joan Purcell, MD M Ryan Kozak, MD Amanda Chavez, MD Veriah Plasencia, MD
4800 West Panther Creek, Ste.100 The Woodlands, TX 77381
281-364-8600 281-298-2005 Fax

FINANCIAL POLICY

All of us at STEP Pediatrics, PA, believe it is essential to our patients and their parents that we outline our expectations regarding the financial aspects of your visit with us. We have developed these policies based on industry standards and our experiences. These policies are presented in order for you to understand how we interact with you, your insurance company, and some of the constraints we must follow due to contractual and/or legal requirements.

We hope you find these policies useful. As always, it is our philosophy to work with our patients and their families. Therefore, we encourage you to contact our Practice Administrator at 281-364-8600, in the event you have any questions regarding the items listed below or if you feel you require any special considerations.

1. **Co-pays:** Per our contract with your insurance company, co pays are due and must be collected at the time of service. Co pays cannot be waived or credited to your account as this would constitute a breach of our contract with your insurance company. We may have to reschedule any appointment in the event a co-payment cannot be made at the time of the visit.
2. **Co-insurance and Deductibles:** We will bill you for any additional amount not collected at the time of service, for any co-insurance or deductible amounts due as identified by your insurance company.
3. **Insurance Billing:** STEP Pediatrics will bill your insurance company for services provided. By having us bill your insurance company, you are assigning your benefits to STEP Pediatrics. In order for us to accurately and correctly bill your insurance company, we require for you to provide us with current information. You will be asked to present a current and valid insurance card as well as valid identification at each and every visit. These are copied on an annual basis or whenever there is a change. Failure to provide insurance information at the time services are rendered may result in you being responsible for services rendered that day.
4. **Billing/Payments:** STEP Pediatrics will bill, on a monthly cycle, for charges that have been identified as your responsibility. We will not bill you for charges that are currently submitted to your insurance company or any contractually agreed upon adjustments. Payment is required within 20 days of the billing date.
5. **Re-Billing Fee:** STEP Pediatrics reserves the right to impose a \$10 rebilling fee for any balance that is not paid within 60 days of the billing date. We reserve the right to impose a \$10 service charge to bill your copy.
6. **Missed Appointments:** We respectfully request that you notify us 24 hours ahead of time in the event you cannot make your scheduled appointment so that we have a sufficient amount of time to accommodate other patients. **Any** scheduled appointment not canceled in the time allotted will impose a \$35.00 fee. Three failures to provide 24 hour notice may result in discharge from the practice.
7. **Returned Funds:** Any funds returned (i.e. checks) will be charged a \$35.00 service fee.
8. **Collections:** We understand that at times there are extenuation circumstances that may limit your ability to pay of any outstanding balance. In these types of situations we may be able to arrange a payment plan. However, balances greater than 90 days old and where a payment plan has not been established, may be turned over to an outside collection agency. In the event this occurs, you may be discharged from the practice and responsible for any collection fees incurred by STEP Pediatrics.
9. **Non-covered Services:** As a subscriber, you are responsible for knowing the terms and limitations of your specific plan. STEP Pediatrics is not responsible for charges incurred as a result of any particular service not being covered and/or paid for by your plan, nor can the staff of STEP Pediatrics be responsible for knowing the terms of your policy. You are responsible for any visit treatment, and/or equipment charged for and not covered under your plan.
10. **Eligibility:** You are responsible to ensure that one of the STEP Pediatrics physicians is eligible to be your primary care physician and is an authorized provider within your insurance plan. You will be responsible for any charges denied by your insurance company in the event that one of our physicians is not selected as your primary care physician or is not an authorized physician within your specific plan.
11. **Reasonable and Customary Charges:** STEP Pediatrics, not your insurance company, establishes our fee schedule, which is based on published values. We reserve the right to accept or decline recommendations from your insurance company on what is defined as a reasonable and customary charge.
12. **Ancillary Services:** As a premiere pediatric practice, STEP Pediatrics offers several ancillary, exceptional services including, but not limited to nutritional support provided by a registered dietitian, occupational therapy, house calls and legal support. These services are fee-for-service and payment in full is expected at the time of service. We will not bill for these value added services nor file on your insurance. Services provided by Quest Laboratories, Labcorp, other laboratories, or any imaging center are not included in STEP Pediatrics' prices and you may be bill separately by the provider of those services.
13. **Legal Services:** Legal support is a service provided by STEP Pediatrics, PA including but not limited to expert and/or fact witness testimony, custody hearings, criminal trial support, etc. The fee is \$400 per hour with a minimum of two hours paid in advance of the appearance or testimony. After the first two hours, fees are billed in increments of 15 minutes. Payment of the balance is due within 5 business days.

These policies are subject to change based on input from our patients/parents and changes within the industry. A current copy of this policy will always be available to you either at the office, via fax, or by sending in stamped self-addressed envelope.



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STEP Pediatrics, PA Vaccine Policy Statement

- We firmly believe in the effectiveness of vaccines to prevent serious illness and to save lives.
- We firmly believe in the safety of our vaccines.
- We firmly believe that all children and young adults should receive all of the recommended vaccines according to the schedule published by the Centers for Disease Control and Prevention and the American Academy of Pediatrics.
- We firmly believe based on all available literature, evidence and current studies, that vaccines do not cause autism or other developmental disabilities. We firmly believe that thimerosal, a preservative that has been in vaccines for decades and remains in some vaccines, does not cause autism or other developmental disabilities.
- We firmly believe that vaccinating children and young adults may be the single most important health - promoting intervention we perform as health care providers, and that you can perform as parents/caregivers. The recommended vaccines and their schedule given are the results of years and years of scientific study and data gathering on millions of children and thousands of our brightest scientists and physicians.

These things being said we recognize that there has always been and will likely always be controversy surrounding vaccination. Indeed, Benjamin Franklin persuaded by his brother was opposed to smallpox vaccine until scientific data convinced him otherwise. Tragically, he had delayed inoculating his favorite son Franky, who contracted smallpox and died at the age of 4, leaving Ben with a lifetime of guilt and remorse. Quoting Mr. Franklin's autobiography:

"In 1736, I lost one of my sons, a fine boy of four years old, by the smallpox....I long regretted bitterly and still regret that I had not given it to him by inoculation. This I mention for the sake of parents who omit that operation, on the supposition that they should never forgive themselves if a child died under it, my example showing that the regret may be the same either way, and that therefore, the safer should be chosen."

The vaccine campaign is truly a victim of its own success. It is precisely because vaccines are so effective at preventing illness that we are even discussing whether or not they should be given. Because of vaccines many of you have never seen a child with polio, tetanus, whooping cough, bacterial meningitis, or even chicken pox, or known a friend or family member whose child died of one of these diseases. Such success can make us complacent or even lazy about vaccinating. But such an attitude, if it becomes widespread, can only lead to tragic results.

Over the past several years, many people in Europe have chosen to not vaccinate their children with the MMR vaccine after publication of an unfounded suspicion (later retracted) that the vaccine caused autism. As a result of under immunization, there have been small outbreaks of measles and several deaths from complications of measles in Europe over the past several years.

A recent study in California, also disproves the implication that thimerosal, a preservative that was used in many vaccines prior to

2002, caused autism. In fact, there was no reduction in autism rates pre/post thimerosal removal from vaccines.

We are making you aware of these facts not to scare you or coerce you, but to emphasize the importance of vaccinating your child. We recognize that the choice may be a very emotional one for some parents. We will do everything we can to convince you that vaccinating according to the schedule is the right thing to do. However, should you have doubts, please discuss these with your health care provider in advance of your visit. In some cases, we may alter the schedule to accommodate parental concerns or reservations. Please be advised however that delaying or "breaking up vaccines: to give one or two at a time over two or more visits goes against expert recommendations and can put your child at risk for serious illness (or even death) and goes against our general medical advice. Such additional visits will require additional co-pays on your part, and diligence on your part to make sure you keep appointments to get the vaccines. With the ever-present difficulty all health care providers face with vaccine supply, including manufacturer recalls and back orders, it is possible that your child may end up very behind on vaccines on an alternate schedule, due to vaccine availability. This may delay their entry into school or daycare. Furthermore, please realize that you will be required to sign a "Refusal to Vaccinate: acknowledgment in the event of variation from the traditional schedule. Should you choose not to vaccinate your child at all, we will not sign medical exceptions on school or daycare entry forms. Finally, we feel so strongly about protecting the health of our patients, and the benefit of vaccines, that we will not attend the funeral of any non-vaccinated child who dies as a result of a vaccine preventable disease.

Why then, does it seem like autism is increasing? There are several reasons: many children are labeled autistic by non-medical professionals (schools, therapists) in order to qualify for federal or state services; the age at which we can now objectively diagnose autism has decreased from 36 months in 1990, to 18 months, thus effectively doubling the pool of children who are available to be diagnosed; many children are called autistic features in their behavior but really have another diagnosis like seizures, mental retardation, or even Down's syndrome.

The Best scientific evidence to date likely points to genetic basis of autism. This data considers gene coding information, sibling studies which show a 40% chance of affected siblings having a sibling with autism, and placental studies which have detected an auto-immune inflammation of the placentas of a small cohort of later affected children. In other words, at present it appears that one may have a genetic predisposition for autism, and some internal or external stimulus triggers the expression of this condition. We do not support the idea that components of vaccines cause autism.

As medical professionals, we feel strongly that vaccinating children on schedule with currently available vaccines is absolutely the right thing to do for all children and young adults. Thank you for your time in reading this policy and please feel free to discuss any questions or concerns you may have about vaccines with any one of us.



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Notice of Privacy Practices

Effective April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Uses and Disclosures

STEP Pediatrics, PA may use and disclose your medical information limited to the following purposes:

1. STEP Pediatrics, PA physicians, clinical staff, and/or business/administrative office staff may use medical information about you for:
 - a. Treatment: information may be disclosed to other STEP Pediatrics, PA physicians or staff to follow a plan of care prescribed for you by a physician or Nurse Practitioner, Information may also be disclosed to other physicians that may be directly involved in the plan of care such as your Primary Care Provider, another Specialist, outpatient or inpatient facility or surgical center, or hospital.
 - b. Payment: Private Health Information may be disclosed to your insurance carrier(s) and/or Medicare for purposes of payment of claims for Medical Services.
 - c. Health care operations: your Private Health Information may be disclosed to pharmaceutical or medical equipment suppliers for purposes of obtaining supplies or equipment for your surgical procedure determined by the physician's plan of care.
2. STEP Pediatrics, PA may use and/or disclose your Private Health Information when the practice is permitted or required to use or disclose confidential information without the physician's plan of care.
 - a. Uses and disclosure for public health activities such as immunization reporting, various contagious diseases, and/or bioterrorism planning and prevention;
 - b. Reporting about victims of abuse, neglect or domestic violence such as Child Abuse;
 - c. Disclosures for health oversight activities;
 - d. Disclosures for judicial and administrative proceedings such as Civil and Criminal trials and divorce proceedings;
 - e. Disclosures for law enforcement purposes;
 - f. Uses and Disclosures about decedents such as disease or cancer screenings;
 - g. Uses and disclosures for cadaveric organ, eye or tissue donation purposes;
 - h. Disclosures to avert a serious threat to health or safety such as bioterrorism and epidemic diseases;
 - i. Uses and disclosures for specialized government functions such as audits by the centers for Medicare and Medicaid Services, Texas Department of Insurance, Texas Department of Health, etc.
3. Other Uses and disclosures will be made only with your written authorization and you may revoke such authorization in writing.
4. The practice may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you: or
5. The practice may contact the individual to raise funds for the practice such as billing and collections.

Individual Rights

You have certain rights with respect to protected health information and you may exercise your rights as follows:

1. The right to request restrictions on certain uses and disclosures, including a statement that the practice is not required to agree to a requested restriction;
2. The Right to receive confidential communications;
3. The right to inspect and copy protected health information;
4. The right to amend protected health information;
5. The right to receive an accounting of disclosures of protected health information;
6. The right of an individual (including that of an individual who has agreed to receive the notice electronically) to obtain a paper copy of notice from practice upon request.

See the implementation section for detailed description of individual's rights.

Medical Practice's Duties

This notice must contain:

1. STEP Pediatrics, PA is required by law to maintain the privacy of confidential information and to provide individuals with notice of its legal duties and privacy practices with respect to such information;
2. STEP Pediatrics, PA is required to abide by the terms of the notice currently in effect;
3. STEP Pediatrics, PA reserves the right to change the terms of its notice and to make the new notice provisions effective for all confidential information that maintains. When there is a change to this notice, the revised notice will be displayed in an easily viewed location within the STEP Pediatrics, PA' offices and you may be informed verbally that a new notice is on display.

Complaints

You file a complaint with the U.S. Department of Health and Human Services Office for Civil right by sending a letter to 200 Independence Ave, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ if you believe your privacy rights have been violated. STEP Pediatrics, PA will not retaliate against you for filing complaints.