

Oakbrook Pediatrics
202 Benton's Lodge Road
Summerville, SC 29485
(843) 871-2588

I consent to the treatment of my child, _____ by
Oakbrook Pediatrics and agree to comply with the following office policies:

- **PLEASE DO NOT WEAR PERFUME OR COLOGNE IN OUR OFFICE AS WE HAVE MANY PATIENTS AND STAFF WITH SEVERE ASTHMA AND ALLERGIES.**
- Payment for each visit is due at the time of service. We do not file insurance for office visits unless we participate with your insurance plan. We will file insurance for surgical procedures and hospital services. Your insurance policy is a contract between you and your insurance company. We cannot guarantee payment of your claim. If a claim is not paid by your insurance company within 45 days, financial responsibility rests with you, the patient, regardless of insurance coverage.
- A \$25 service charge will be added to any balance held by us for over 60 days.
- All routine appointments are scheduled in advance with the exception of emergency appointments. These will be worked into the schedule with the understanding that waiting may be a possibility.
- Please make every attempt to arrive on time for your appointment. With the exception of emergencies, anyone arriving later than 15 minutes will be rescheduled.
- We ask that cancellations be made prior to 24 hours of the appointment. If, because of unexpected circumstances, you need to cancel the day of the appointment, we kindly ask that you notify us as soon as possible so that other arrangements can be made.
- An appointment that is neither kept nor cancelled will be considered a NO-SHOW appointment. After three "no-show" appointments, your child may be discharged from the practice.
- I hereby authorize Oakbrook Pediatrics to release or obtain from my insurance company, my child's referring physician or previous physician any medical information which will assist in the course of treatment, including diagnosis and office notes. I authorize insurance payments to be paid directly to Oakbrook Pediatrics, if filed on my behalf.

Signature of parent or legal guardian

Date