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The goal of Kinder Life Pediatrics is to provide your child with the best pediatric care available. This information will introduce you to Kinder Life Pediatrics, give you answers to commonly asked questions, and help you to utilize our services more effectively.

Payment Policy: Payment for services is expected at the time of your child's visit. This includes co-pays, balances from prior visits, and payment in full when we are not contracted with your insurance carrier. We accept cash, checks, and credit cards (Visa & MasterCard). The accompanying parent or other adult is responsible for full payment and providing current insurance information. Waiver of copayments may constitute fraud under state and federal law. Please help us in upholding the law by paying your co-payment at each visit.

Missing, canceling, and/or rescheduling an appointment: Please give us at least 24 hours advance notice when canceling or rescheduling an appointment. We cannot stress enough how important it is that you come to your appointments. As a courtesy, we try our best to call and remind you of the appointments 1-2 days prior to your scheduled appointment. However, you are still responsible for keeping your appointment time even if we cannot reach you. If you don't show up for a scheduled appointment and do not call, you will be charged a no-show fee of \$30.

Camp & School Forms: We will complete a health, camp, sport or school form if the patient has had a well check within the last 12 months. All required medical forms must be submitted at least 1 week in advance in order to ensure that all paperwork can be completed in a timely fashion. During peak times (summer camp & back to school) at least 2 weeks should be allowed. Completed forms can be picked up in the office or mailed back to you. If forms are brought to your regularly scheduled checkup, there will be no charge to complete them; otherwise you will be charged a \$20 fee for completing any forms.

Referrals: Referrals must be requested at least 3 days prior to your appointment unless the visit is an emergency. Referrals can be faxed directly to the doctor or picked up at our office. If you do not request a referral prior to seeing a specialist, we will not backdate a referral. This violates our contract with insurance companies. Without a valid referral you could become responsible for payment of any charges incurred at the specialist's office.

Medical Records: Your medical records are strictly confidential. The Health Information Portability and Accountability Act (HIPAA) restricts us from releasing any information without your written permission. There may be times when you may need to request a copy of your medical records. There is no charge for 1st time requests. Legally we have 30 days after we receive written authorization from the patient to release the records but we will do our best to release it as soon as possible. For any additional set of copies requested there will be charges and the fee for copies is \$0.50 for each page. For medical records sent to another facility (transfer to a new provider, attorneys, insurance companies or other purposes) there will be a charge as specified above. Payment will be expected before the records can be released.

Vaccine Policy: Kinder Life Pediatrics strongly believes in the importance of vaccinating your child and does not accept families who are unwilling to vaccinate their children. This is against our philosophy of high quality, preventive medicine. The immunization of children against a multitude of infectious agents is one of the most important health interventions of the 21st century. Weighing the pros and cons of immunizations and based on current medical evidence, we fully support the current complete immunization schedule. Feel free to discuss immunization questions with your physician.

ZERO TOLERANCE

Harassment of or violence against any member of Kinder Life Pediatrics staff or physician will not be tolerated or ignored. Our workplace has an obligation to keep our team safe from workplace violence and harassment, including verbal abuse and/or harassment. We ask that all interactions with our team remain respectful, including when speaking over the phone.

Any behavior judged to be abusive, threatening, disruptive, aggressive or intimidating, infringing on the dignity or respect of a person, be it physically, verbally or in writing, could result in your physician or Clinic Administration terminating your healthcare relationship with our Clinic if this behavior significantly disrupts the practice or where a patient poses a risk of harm to the physician, staff, colleagues and/or other patients.

We thank you for your cooperation and look forward to a continuing respectful relationship and workplace.

Signature of Parents / or Legal Guardian: _____

Print Name of Parents / or Legal Guardian: _____

Date : _____