REIS PEDIATRICS
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PATIENT-PROVIDER AGREEMENT

Welcome, and thank you for choosing our practice. Our mission is to provide the highest quality patient-centered medical care in an environment that is nurturing, empowering, supportive and loving. We are committed to providing your child with the best medical care based on his or her health needs. Our hope is that we can form a partnership to keep your child as healthy as possible.

Your commitment to our patient-centered medical home gives you an expanded type of care. We will work with you and your child's other health care providers as a team. You will also have better access to us by phone or through our website: www.reispediatrics.com.

As your child's primary care provider, we will:

- Learn about your child, your family, your life situation, and your health goals and preferences. We will remember these and your child's health history every time you seek care, and suggest treatments that make sense for your child.
- Take care of short-term illnesses, long-term chronic conditions, and your child's all-around well-being.
- Keep you up to date on all of your child's vaccines and preventive screening tests.
- Connect you with other members of your child's care team (specialists, health coaches, etc.) and coordinate care with them as your child's health needs change.
- Be available after hours for urgent needs.
- Notify you of test results in a timely manner.
- Communicate clearly so you understand your child's condition(s) and all of your options.
- Listen to your questions and concerns, and respond promptly in a way you understand.
- Help you make the best decisions for your child's care.
- Share information about classes, support groups, or other services that can help you and your child stay healthy.

We trust that you, as our patient's parent or guardian, will:

- Know that you are a full partner with us in your child's care.
- Come to each visit with updates on any medications, dietary supplements, or remedies your child is using, and with any questions you have.
- **Follow the immunization schedule recommended by the American Academy of Pediatrics (AAP), or a catch-up schedule agreed on with your provider, so that your child is fully vaccinated by two years of age.**
- Schedule and attend all recommended well visits.
- Let us know when your child sees other health care providers so we can coordinate care.
- Keep scheduled appointments, or call to reschedule or cancel at least 24 hours in advance. A missed-appointment fee may apply as described in our Financial Responsibility Agreement.
- Ask questions about your child's care and tell us when you don't understand something.
- Learn about your child's condition(s) and what you can do to keep your child as healthy as possible.
- Follow the care plan we have agreed is best for your child, and give medications as prescribed.
- Call us if you have not received your child's test results within two weeks.
- Contact us after hours only if your child's issue cannot wait until the next business day.
- If possible, contact us before going to the emergency room, so someone who knows your child's history can help.

- Agree that the health care providers on your child's care team may share information related to your child's care, except where the law limits sharing (for example, certain confidential services that adolescents may consent to on their own).
- Learn about your child's health insurance coverage and contact your insurer with questions about benefits.
- Pay your share of any fees.
- Give us feedback to help us improve our care.

Ending our partnership

We value every family we care for, and we will always try to resolve concerns with you first. However, we may end our care relationship with a family if, after discussing it with you, any of the following continues:

- Repeatedly declining recommended vaccines according to our vaccine policy;
- Missing **3** scheduled appointments within 12 months without notice; or
- Having an unpaid balance more than **90 days** past due without an active payment plan.

If this happens, we will notify you in writing, remain available for your child's urgent care needs for 30 days, and transfer your child's records to the new provider you choose once you sign a release. This decision may apply to all children in the family. Members of Med-QUEST (Medicaid) health plans will be handled according to their health plan's requirements.

We look forward to working with you and your child in our patient-centered medical home!

MEDICAL TREATMENT AUTHORIZATION

I confirm that the information I have provided is correct to the best of my knowledge. I understand it is my responsibility to tell this office about any changes in that information or in the medical status of the child named below.

With my informed consent, I authorize Reis Pediatrics to provide treatment, medication, and therapy related to my child's diagnosis and treatment plan, and to perform or order diagnostic procedures and tests it considers appropriate. I understand that care may be provided by physicians, physician assistants, and nurse practitioners, and I consent to care by these providers. I understand these services are voluntary and that I have the right to refuse them.

Permission to Treat a Minor (under age 18): In an emergency, if I cannot be reached, I give Reis Pediatrics permission to treat my child in the office or at an appropriate treatment facility as the emergency requires.

USE OF AI-ASSISTED DOCUMENTATION

Our providers may use a secure artificial intelligence (AI) documentation tool that listens to the visit and helps prepare a draft of the medical note. This allows your provider to focus on you and your child instead of the computer. Your provider reviews the draft and is responsible for everything in the final medical record.

We use these tools only through vendors that have signed agreements requiring them to protect your health information as required by federal privacy law (HIPAA). Visit recordings and transcripts are deleted within 30 days; the final note becomes part of your child's medical record. Confidential portions of adolescent visits are handled separately and are not shared with parents except as allowed by law.

By signing this agreement, you consent to the use of AI-assisted documentation during your child's visits. **You may opt out at any time,** for a single visit or for all visits, without affecting your child's care. Simply tell your provider or our front desk, and we will note your preference in your child's chart.

INSURANCE AUTHORIZATION

Assignment of Insurance Benefits: I authorize payment of medical benefits directly to Reis Pediatrics. I authorize the release of any medical information needed to process insurance claims and any referrals needed for my child's care. A copy of this authorization is as valid as the original. I understand that costs not paid by insurance will be my responsibility unless prohibited by state or federal law.

I understand that if I do not inform Reis Pediatrics of a change in insurance coverage within 30 days of the change, I may be responsible for charges that cannot be submitted on time because of the delay.

GOVERNMENT HEALTH PLAN AUTHORIZATION (MED-QUEST / MEDICAID, TRICARE)

If my child is covered by Med-QUEST (Medicaid), TRICARE, or another government health program, I certify that the information I have provided is correct. I authorize any holder of medical information about my child to release information needed to process claims to the program, its agencies, and its contracted health plans. I assign benefits for physician services to Reis Pediatrics and authorize Reis Pediatrics to appeal any denial of benefits on my child's behalf.

Families confirm their agreement by signing the Reis Pediatrics Consent and Acknowledgment page.