



Dear Parent:

The providers and staff would like to thank you for considering ***Southside Pediatrics*** as your child's medical home. We have enclosed an application for patient registration, an office brochure and information related to our office policies. If you have any questions please don't hesitate to contact the office directly, (269) 818-1020.

If after reading through our policies, you would like to continue the application process, please return a completed application via:

Drop off or mail the application to: Southside Pediatrics, 300 Meadow Run Dr, Hastings MI 49058

You can fax the form to: (269) 818-1266

Or you can email the form to: sspconnect@southside4kids.com

Once received, we will process your application, when approved, we will be in contact with you to go over the next steps in the registration process.

Again, thank you for contacting the office, we appreciate your trust in wanting us to care for your child.

Sincerely,

The Providers and Staff at Southside Pediatrics

"Caring for the Community One Child at a Time"

300 Meadow Run Drive, Hastings, MI 49058 • Phone: (269) 818-1020
Fax: (269) 818-1266 • Web address: www.southsidecares4kids.com

PLEASE PRINT

SOUTHSIDE PEDIATRICS APPLICATION FOR PATIENT REGISTRATION

Parent or Guardian Name:

Parent or Guardian Name:

Patient Name and Date of Birth:

Parent or Guardian Contact Information:

Cell Phone:

Address:

Email:

Other:

DO YOU HAVE A PREFERENCE TO A PROVIDER?

Do you have primary Insurance?

Please include a copy of the card

Insurance Carrier Name:

Insurance Carrier Phone:

Primary Insurance Contract Number

Primary Insurance Group Number

Subscriber Member Name:

Subscriber Member DOB:

Do you have secondary Insurance?

Please include a copy of the card

Insurance Carrier Name:

Insurance Carrier Phone:

Secondary Insurance Contract Number

Secondary Insurance Group Number

Secondary Subscriber Member Name:

Secondary Subscriber Member DOB:

HAVE COODINATION OF BENEFITS BEEN UPDATED IN THE LAST 3 MONTHS?

Does your child have any chronic conditions or special needs? Please explain

What is the name of the practice you are transferring from?

I have read the enclosed Appointment Cancellation Policy and Financial Policy and agree to the practice terms and policies.

Please Sign and Date

Southside Pediatrics Financial Policy

The providers and staff of Southside Pediatrics are honored to be a part of your child's future. As your Medical Home provider, we look forward to building a relationship with you, your child and your family. It is very important that you keep the office up-to-date with any changes in contact information, medical consent to treat parental permissions, any changes or termination in coverage, insurance status and current member benefit coverage.

Most insurance plans do not pay all medical services, even those services that might be helpful to the patient. Most plans are subject to co-pays, deductible or co-insurance which result in out-of-pocket expense. All most all plans have preventative or wellness coverage, but some limited their annual coverage. You will want to review your benefit coverage prior to your first visit.

OUT of POCKET EXPENSE

Co-Pays are due at the time of service. Please be prepared to pay your Co-pay or any outstanding patient balance when you check your child in for their appointment. If you are unable to pay an outstanding balance please speak with the receptionist about payment options.

COORDINATION OF BENEFITS

What is Coordination of Benefits? COB is the process that determines which health insurance plan is responsible for paying for medical services when an individual has coverage from multiple plans. Your insurance carrier may also include in the process: asking questions about the custody arrangements of a child and demographics of the insured. Insurance companies don't pay claims when this information is not kept current.

All insurance companies require members to update COB at least once per year and sometimes more often. If your child is covered by more than one policy you will be required by your primary and secondary insurance carrier to update COB multiple times throughout the year. Most insurance companies will require documentation showing the termination of a previous policy. An excellent and easy way to keep COB updated is by having a member login and password with your insurance company. Keeping COB updated is the responsibility of the parent or guardian. Southside Pediatrics is not responsible for reporting coverage changes or terminations. Any claims rejected for COB are considered patient responsibility until COB has been resolved to the satisfaction of the insurance company and the claim has been processed and finalized with the provider. All insurance companies have filing limits which are imposed on medical providers who submit claims for payment. Please contact your insurance company as soon as possible when you are notified your claims are not being paid. Unresolved COB claims which result in prolonged outstanding balances can be subject to receiving limited services provided by the practice or discharge for non-payment. Please contact the office if you have questions regarding COB claim rejections.

PATIENT FINANCIAL RESPONSIBILITY

Patients who have an outstanding balance on their account will receive a monthly statement. These statements are published on the patient portal and a paper statement will be mailed to the responsible party listed on the child's account. We offer multiple options for paying your child's bill. Online bill pay is available at southsidecares4kids.com. Payments can be made at the check in/out windows at the office, you can also remit payment with the coupon provided with your statement or call the office directly and make a payment over the phone. If you are unable to pay your balance in full, please contact the office to discuss financial options which are available for special circumstances. Prolonged unpaid patient balances can result in suspension of services and deactivation of your child's account.

What to do When You need to Cancel an Appointment?

Southside Pediatrics 2025 Appointment Cancellation Policy

If you need to cancel a future appointment, we ask that you contact the office as soon as possible. We recommend rescheduling appointments as soon as possible; our provider schedules fill quickly and we want you to have the best possible opportunity to schedule with your preferred provider.

What options are available to contact the office?

Call the office directly Monday – Friday 7:30am to 4:30 pm. (269) 818-1020

Send a patient portal message at least 24 hours in advance of your appointment time

When you receive your automated phone confirmation message, listen to the whole message, at the end of the message, when prompted select yes to confirm or no to cancel your appointment

When you receive a text message, respond yes to confirm or no to cancel the appointment

PLEASE CANCEL your child's appointments at least 24 hours in ADVANCE

NO SHOW POLICY

When your family registers as a new patient, we ask that you sign a Patient Center Medical Home agreement. By signing this agreement, you make a commitment to contact the office at least 24 hours in advance to reschedule or cancel your child's appointment.

Missed appointments and late arrivals are tracked in your child's medical record. No-show letters, invoices for No-Show Fees and discharge letters are sent to the address listed in your child's record. It is the responsibility of the parent, guardian or patient to keep this information up to date. Not receiving a notification in the mail due to returned mail, does not waive a family's financial responsibilities.

Last minute cancellations and appointments where there has been no contact with the office regarding cancelling a previously scheduled appointment, may be subject to a **NO SHOW FEE of \$50.00** charged per child missed. For example: an appointment for 2 children, if the appointments are missed the charge would be \$100.00.

Appointments made on the Same Day and the patient No-Shows for that same day appointment time, will be charged a \$50.00 No Show Fee or will be subject to an account review.

Multiple missed appointments in the child's or children's account(s) may result in discharge from the practice.

Southside Pediatrics reserves the right to restrict how many children are seen at the same appointment time. If a family No shows for an appointment that is scheduled for more than one child on the same day, the office reserves the right to restrict future multiple appointments. Patients will be notified in writing.