

# DFW Pediatric Neurology

Dr. Mary Oladunni Baiyeri, MD, PA

1400 W. Northwest Hwy Suite 280 Grapevine, TX 76051

Tel: 817-416-8887 Fax: 817-416-8878

## Consent to Treat

I \_\_\_\_\_ (patient/parent name) give permission to DFW Pediatric  
Neurology to give \_\_\_\_\_ (patient name) medical treatment.

I allow DFW Pediatric Neurology to file for insurance benefits to pay for the care I receive.

I understand that:

- DFW Pediatric Neurology will have to send my medical information to my insurance company.
- I must pay for my share of the costs
- I must pay for the cost of these services if my insurance does not pay if I do not have insurance.

I also understand that:

- I have the right to refuse any procedure or treatment
- I have the right to discuss all medical treatments with my provider.

\_\_\_\_\_  
Patient or Legal Gaurdian Signature

\_\_\_\_\_  
Date

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## HEALTH FORM POLICY

DFW Pediatric Neurology charges \$20.00 for forms and/or letters completed or certified by our physician. Before Submitting a form to your physician, please have your portion completed. Blank forms will not be accepted. We will not complete or certify a form if parents have not completed their portions of the form upon submission. A three-business day turnaround time is required for completion of forms.

Requests for letters require a week turnaround time. Every effort will be made to complete forms as quickly as possible.

Forms and letters are completed for accounts that are in good standing. Delinquent accounts must be brought up to date. Forms and letters must be paid for before they are released. Parents are responsible for all charges associated with a Health Form/Letter completion. Insurance companies do not reimburse for the completion, therefore we do not bill them. This is a self-pay service.

Due to HIPAA regulations, forms will only be released to parents. Federal Law prohibits doctor's offices from faxing or mailing medical information to non-medical facilities. Forms must be picked up at the office by a parent or mailed to the home address on file. We cannot fax or e-mail a form to a school, camp, or sports organization. We cannot be responsible for delays or losses in the mail or fax.

Connor's, Vanderbilt, FMLA, Home Bound, and Medication for School and camp, among others will require a \$20.00 charge. OHI and seizure plans are forms that we do NOT charge for.

Patients not seen within a year will need to be seen by the physician before completion of any form.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ DOB: \_\_\_\_\_

# New Patient Intake

Patient Name: \_\_\_\_\_ Dob: \_\_\_\_\_ Sex: \_\_\_\_\_

Phone#: \_\_\_\_\_ Alt#: \_\_\_\_\_

Address: \_\_\_\_\_

Guarantor: \_\_\_\_\_ DOB: \_\_\_\_\_ Contact# \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Policy Holder: \_\_\_\_\_ DOB: \_\_\_\_\_ Employer: \_\_\_\_\_

Secondary Info: \_\_\_\_\_

\_\_\_\_\_

Reason for visit: \_\_\_\_\_ Appointment Date/Time: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone# \_\_\_\_\_

## NOTICE OF PRIVACY PRACTICES

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

If you have any questions about this Notice, please contact:

DFW Pediatric Neurology at 817-416-8887

### WHO WILL FOLLOW THIS NOTICE?

- Dr. Mary Oludanni Baiyeri, MD, PA
- DFW Pediatric Neurology
- And All employees

We understand that medical information about you and your health is personal and are committed to protecting this information. When you receive care at DFW Pediatric Neurology a record of the care and services you receive is made. Typically, this record contains your treatment plan, history and physical, test results, and billing record. This record serves as a:

- Basis for planning your treatment and services;
- Means of communication among the physicians and other health care providers involved in your care;
- Means by which you or a third-party payor can verify that services billed were actually provided;
- Source of information for public health officials; and
- Tool for assessing and continually working to improve the care rendered.

This Notice tells you the ways we may use and disclose your Protected Health Information (referred to herein as “medical information”). It also describes your rights and our obligations regarding the use and disclosure of medical information.

### OUR RESPONSIBILITIES.

DFW Pediatric Neurology shall:

- Make every effort to maintain the privacy of your medical information;
- Provide you with notice of our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this notice;

- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- DFW Pediatric Neurology will notify you, and the Department of Health & Human Services, of any unauthorized acquisition, access, use or disclosure of your unsecured medical information that presents a significant risk of financial, reputational or other harm to you, to the extent required by law. Unsecured medical information means medical information not secured by technology that renders the information unusable, unreadable, or indecipherable as required by law.

#### **THE METHODS IN WHICH WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.**

The following categories describe different ways we may use and disclose your medical information. The examples provided serve only as guidance and do not include every possible use or disclosure.

- **For Treatment.** We will use and disclose your medical information to provide, coordinate, or manage your health care and any related service. For example, we may share your information with your primary care physician or other specialists to whom you are referred for follow-up care.
- **For Payment.** We will use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to disclose your medical information to a health plan in order for the health plan to pay for the services rendered to you.
- **For Health Care Operations.** We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run DFW Pediatric Neurology in an efficient manner and provide that all patients receive quality care. For example, your medical records and health information may be used in the evaluation of services, and the appropriateness and quality of health care treatment. In addition, medical records are audited for timely documentation and correct billing.
- **Appointment Reminders.** We may use and disclose medical information in order to remind you of an appointment. For example, DFW Pediatric Neurology may provide a written or telephone reminder that your next appointment with Dr. Mary O. Baiyeri, MD, PA is coming up.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the surgical outcome of all patients for whom one type of procedure is used to those for whom another procedure is used for the same

condition. All research projects, however, are subject to a special approval process. Prior to using or disclosing any medical information, the project must be approved through this research approval process. We will ask for your specific authorization if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care.

- **As Required by Law.** We will disclose medical information about you when required to do so by federal or Texas laws or regulations.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you to medical or law enforcement personnel when necessary to prevent a serious threat to your health and safety or the health and safety of another person.
- **Sale of Practice.** We may use and disclose medical information about you to another health care facility or group of physicians in the sale, transfer, merger, or consolidation of our practice.

#### **SPECIAL SITUATIONS.**

- **Organ and Tissue Donation.** If you have formally indicated your desire to be an organ donor, we may release medical information to organizations that handle procurement of organ, eye, or tissue transplantations.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Qualified Personnel.** We may disclose medical information for management audit, financial audit, or program evaluation, but the personnel may not directly or indirectly identify you in any report of the audit or evaluation, or otherwise disclose your identity in any manner.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following activities:
  - To prevent or control disease, injury, or disability;
  - To report reactions to medications or problems with products;
  - To notify people of recalls of products they may be using;
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
  - To notify the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence.

All such disclosures will be made in accordance with the requirements of Texas and federal laws and regulations.

- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee the health care system. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, eligibility or compliance, and to enforce health-related civil rights and criminal laws.
- **Lawsuits and Disputes.** If you are involved in certain lawsuits or administrative disputes, we may disclose medical information about you in response to a court or administrative order.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
  - In response to a court order or subpoena; or
  - If DFW Pediatric Neurology determines there is a probability of imminent physical injury to you or another person, or immediate mental or emotional injury to you.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner when authorized by law (*e.g.*, to identify a deceased person or determine the cause of death). We may also release medical information about patients to funeral directors.
- **Inmates.** If you are an inmate of a correctional facility, we may release medical information about you to the correctional facility for the facility to provide you treatment.
- **Other Uses or Disclosures.** Any other use or disclosure of PHI will be made only upon your individual written authorization. You may revoke an authorization at any time provided that it is in writing and we have not already relied on the authorization.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

You have the following rights regarding medical information collected and maintained about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer for DFW

Pediatric Neurology. If you request a copy of the information, DFW Pediatric Neurology may charge a fee established by the Texas Medical Board for the costs of copying, mailing, or summarizing your records.

DFW Pediatric Neurology may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by DFW Pediatric Neurology will review your request and denial. The person conducting the review will not be the person who denied your request. DFW Pediatric Neurology will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical information maintained about you is incorrect or incomplete, you may ask DFW Pediatric Neurology to amend the information. You have the right to request an amendment for as long as the information is kept by DFW Pediatric Neurology

To request an amendment, your request must be made in writing and submitted to DFW Pediatric Neurology. In addition, you must provide a reason that supports your request.

DFW Pediatric Neurology may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, DFW Pediatric Neurology may deny your request if you ask us to amend information that:

- Was not created by DFW Pediatric Neurology, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the medical information kept by DFW Pediatric Neurology
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures made of your medical information for purposes other than treatment, payment, or health care operations.

To request this list you must submit your request in writing to DFW Pediatric Neurology. Your request must state a time period, which may not be longer than six (6) years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists within the 12-month period, you may be charged for the cost of providing the list. DFW Pediatric Neurology will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information DFW Pediatric Neurology uses or discloses about you for treatment, payment or health care operations. You also have the right



to request a limit on the medical information DFW Pediatric Neurology discloses about you to someone who is involved in your care or the payment for your care.

DFW Pediatric Neurology is not required to agree to your request, unless the request pertains solely to a healthcare item or service for which DFW Pediatric Neurology has been paid out of pocket in full. Should DFW Pediatric Neurology agree to your request, DFW Pediatric Neurology will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions you must make your request in writing DFW Pediatric Neurology. In your request, you may indicate: (1) what information you want to limit; (2) whether you want to limit DFW Pediatric Neurology's use and/or disclosure; and (3) to whom you want the limits to apply.

- **Right to Request Confidential Communications.** You have the right to request that DFW Pediatric Neurology communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that DFW Pediatric Neurology contact you only at work or by mail.

To request that DFW Pediatric Neurology communicate in a certain manner, you must make your request in writing to the Privacy Officer. You do not have to state a reason for your request. DFW Pediatric Neurology will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

#### **CHANGES TO THIS NOTICE.**

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, we will post the amended Notice of Privacy Practices in our office and on our website. You may request that a copy be provided to you by contacting the Privacy Officer .

#### **COMPLAINTS.**

If you believe your privacy rights have been violated, you may file a complaint with DFW Pediatric Neurology or with the Office for Civil Rights, U.S. Department of Health and Human Services. To file a complaint with DFW Pediatric Neurology, contact the Privacy Officer at 817-416-8887. Your complaint must be filed within 180 days of when you knew or should have known that the act occurred. The address for the Office of Civil Rights is:

*Secretary of Health & Human Services  
Region VI, Office for Civil Rights  
U.S. Department of Health and Human Services  
1301 Young Street, Suite 1169  
Dallas, TX 75202*

All complaints should be submitted in writing.

***You will NOT be penalized for filing a complaint.***

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**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

I acknowledge that DFW Pediatric Neurology provided me with a written copy of his/her Notice of Privacy Practices.

I also acknowledge that I have been afforded the opportunity to read the Notice of Privacy Practices and ask questions.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Personal Representative Signature (if applicable)

\_\_\_\_\_  
Relationship to Patient

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## Financial/Office Policies

Patient Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

**Payment:** Payment is due at the time of service. If you have insurance, your copay, deductible, along with any co-insurance will be collected before seeing the physician.

**Insurance:** As one of your insurance companies' preferred providers, we require you first meet your copay, deductible, and/or any part that insurance does not pay, at the time of service. Most misunderstandings about insurance can be avoided if you understand what your policy provides. If your insurance chooses not to pay DFW Pediatric Neurology for whatever reason or they choose to delay payment, YOU will be responsible for payment. If payment is not received within 60 days from your insurance company, you will become responsible for the outstanding balance. Payment is expected at the time of service. Our office will assist you as our patient in filing your claims that we are contracted with and after obtaining all insurance information needed from you. We are not responsible for your insurance or for your bill.

**Delinquent Accounts:** Delinquent accounts will be reported to our collection service. Please let us know if your payment will be late in arriving to our office or if payment arrangements need to be made. Our desire is to help you.

**Insurance Carriers Requiring Referrals (HMO.POS/EPO):** If your insurance carrier requires you to have a referral prior to seeing a specialist, our office must be in receipt of the insurance referral before arrival. If we do not have it upon sign-in, your appointment will be rescheduled to a later date and time. Failure to obtain a referral can result in denial of charges, thus leaving the patient responsible for all services billed.

**Late Arrivals:** In order for the physician to see his/her patients in a timely manner, your help arriving promptly to scheduled appointments is required. We reserve the right to reschedule your appointment if you are more than **15** minutes late.

**Cancellations/No Shows/Reschedules:** There will be a \$25.00 charge for patients who cancel, reschedule, or no-show an appointment without giving 24-hour notice.

**Prolonged Physician Services:** When a physician provides prolonged service beyond the usual and customary time frame, a separate charge will be billed to insurance. You will be responsible for any charges not covered by your insurance.

**Telephone Services:** If a telephone call between the physician and a patient/parent becomes excessive and medical advice is rendered, resulting in a telephone consultation, a separate charge will be billed to insurance. You will be responsible for any charges not covered by your insurance.

**Prescriptions:** There is a \$10.00 charge for all triplicate (controlled drug) prescriptions given outside of a regular scheduled appointment. We do not charge this fee if the script is given at the time of the office visit. A refill approval can be withheld if the account is not in good standings. Prompt payment is appreciated. Our office requires a 48-hour notice when requesting any medication refill. No refills are approved after hours. You are required to call during office hours to request prescription refills. Keep in mind holidays and weekends.

**Returned Checks:** There is a \$30 charge for all returned checks. If a check is filed with the DA's office for collection, all fees incurred in the filing will be your responsibility as well. After a check has been returned twice for NSF, payments to our office must be on a cash basis only.

**Out Patient Procedures Ordered:** Patients are financially responsible for any out patient procedures ordered by their physician. Our office will assist in obtaining proper authorizations for the procedure prior to the date of service. You, the insured, are ultimately responsible for what your coverage requires and we suggest you contact your insurance carrier to verify your benefits prior to the date of service. Our office will not be responsible for your charges. DFW Pediatric Neurology charges a fee for interpreting any test that will be billed to your insurance that could result in payment beyond your office visit charge.

**Disclaimer:** You are informed by this notice that Mary Oladunni Baiyeri, MD, PA holds a financial interest in DFW Pediatric Neurology. You have the option, at your discretion, to use an alternate healthcare facility.

\_\_\_\_\_  
Patient or Parent/Guardian Signature

\_\_\_\_\_  
Date

# DFW Pediatric Neurology

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## CONTACT INFORMATION

I authorize DFW Pediatric Neurology and their agencies to contact me by the following method(s), Please check all that apply:

Home #: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_

Mom's Work: \_\_\_\_\_

Mom's Email: \_\_\_\_\_

Dad's Cell: \_\_\_\_\_

Dad's Work: \_\_\_\_\_

Dad's Email: \_\_\_\_\_

Emergency Contact, when necessary: \_\_\_\_\_

Ok to leave message with detailed information

Leave message with call back number only

I authorize DFW Pediatric Neurology and their agencies to disclose medical information, including but not limited to test results, recommendations, and consultation details to the following person(s):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature of Patient/Parent/Legal Guardian

\_\_\_\_\_  
Date