



DAVENPORT PEDIATRICS
PATIENTS WHO ARE CHILDREN OF
DIVORCED OR SEPARATED PARENTS

OFFICE POLICY

RE: PATIENTS WHO ARE CHILDREN OF DIVORCED OR SEPARATED PARENTS

Dear Parent/s or Guardian/s:

At Davenport Pediatrics, our primary concern is to provide the best pediatric care for your child. We are willing to work with either or both parents to ensure that your child's healthcare needs are met. However, kindly remember that our office is not a party to your divorce agreement. We cannot and will not be responsible for administering any of its terms.

Billing/ Payment

When your child visits our office, we hold the accompanying parent or guardian responsible for any co-pay, deposit or outstanding balance at the time of the visit.

As stated in our Credit and Financial policy, the parent or guardian who completes and signs our policy form will be considered the guarantor for medical charges that are not covered by your insurance. We cannot enforce any financial arrangement between the parents nor will we mediate any financial disputes. Any disputes about reimbursement for medical expenses need to be settled between the parents privately.

If there is a divorce decree requiring the other parent to pay a portion or all of the medical expenses incurred, it is the accompanying parent's responsibility to collect from the other parent. We will not make special provisions or act as an agent in collecting payment. A copy of the medical bill may be given to the accompanying parent upon request.

Consent to Medical Treatment

When a minor child visits our office accompanied by either parent, we will assume that parent has full legal custody and authority to make medical decisions for the child.

Physical custody is different from legal custody. Under Florida law, even if one parent has sole physical custody, either parent may still consent to the medical treatment of the child.

Parent/ Guradian Signature _____

Date _____

Print Name _____

A court order granting one parent sole legal custody would give that parent the exclusive right to consent to medical treatment. Unless we receive this order from the court in writing, we will assume that both parents have joint legal custody and both may consent to the medical treatment of the child.

Please be aware that we cannot take responsibility for calling the non-accompanying parent/s for consent prior to medical treatment every time your child visits our office. We will discuss the child's history, treatment and/ or present medical examination with the accompanying parent or guardian. It is the responsibility of the parents or guardian to communicate with each other about your child's care, scheduled office visits, and any other pertinent information relevant to the care of your child.

Medical Information

We need to depend on the child's parents to communicate clearly with each other about the child's health status and healthcare plans. Our general approach is to communicate our medical assessments and recommendations with the parent who accompanies the child to the office, or with the parent who contacts us by telephone or electronic communication.

We cannot take the responsibility of contacting each parent separately every time we see the child in the office. We are, however, happy to receive inquiries about the child's health from either parent at any time.

Please be aware that each parent has equal access to the child's medical record. Unless we receive a court order, we will not disallow either parent from looking at their child's medical records or obtaining results of their child's medical tests.

We reserve the right to charge an administrative fee for the copying of medical records.

Please Note

Non-compliance with this office policy may result in the termination of care of your child. We ask the parents to amicably settle any issues relating to the care of your child. Please be aware that we have the right to discharge your child from our practice if we determine that the issues between the parents become disruptive to our organization or impede the medical care we provide for your child.

Parent/ Guradian Signature _____

Date _____

Print Name _____