

Lawrence Bergman, MD, LLC

Policy for Divorced or Separated Parents

Patient Name: _____ Date of Birth: _____ Account _____

Dr. Bergman and his staff are dedicated to providing the highest quality of medical care to your child(ren). Our focus is on your child's medical, emotional, psychological and physiological health. We are not party nor wish to be involved in any legal issues involving divorce, separation or custody agreements. As the parent or legal guardian of a patient of Lawrence Bergman, MD, LLC, please read and agree to the following policy so that we may focus on the care and wellbeing of your child(ren).

1. The physicians, medical assistance, office and billing staff will not be put in the middle of domestic issues or disagreements over the phone or in the office.
2. Please make decisions regarding appointments, vaccinating and/or office procedures PRIOR to visiting our practice.
3. Only in situations where there is a confirmed, documented Court Order will one of the parents be denied access to the minor child's health records or visits at the office. Lawrence Bergman, MD, LLC must have a copy of this Court Order on file in the child's chart.
4. If there is NOT a court order on file with our office, either parent or legal guardian can sign a "Consent to Treat" form that authorizes any named individuals (like grandparents, nannies, etc.) to bring your child to our practice, be present during the visit, and consent to any treatment during that visit. We will not be involved in any disputes regarding named individuals on consent forms unless instructed by the court. Either parent or legal guardian can schedule an appointment for their child, be present for the visit and/or obtain a copy of the visit summary (Subject to a medical records fee.)
5. It is both parents' responsibility to communicate with each other about the patients' care, office visit dates and any other pertinent information relevant to the patient. It is not the responsibility of the provider to communicate visit information to each custodial parent separately. Our providers will not call the non-attending parent following visits.
6. Additionally, we will not call the other parent for consent regarding appointments scheduled, restrict either parent's involvement in the patient's care unless authorized by law or tolerate scheduling/cancelling patterns of behavior between parents.
7. Furthermore, payments including copays, deductibles, coinsurance or any additional fees charged by your insurance are due at the time of service regardless of which parent is responsible for medical expenses. We are not a party to your divorce agreement. We will collect payment from the parent who brings the child to their visit. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent. Any disputes about payment that end up in the collections process, will be due at the next time of service or the patient will not be seen.

8. If we feel that any of the above-mentioned items are not being followed, become and issue for our staff, or serve as an impediment to properly caring for your child(ren), we reserve the right to discharge the family from the practice.

By signing this form, you agree to honor the above policy and understand that breaking this agreement may result in the discharge of your family from the practice.

PATIENT NAME

DATE

PRINT – MOTHER/LEGAL GUARDIAN #1

PRINT – FATHER/LEGAL GUARDIAN #2

SIGNATURE- MOTHER/LEGAL GUARDIAN #1

SIGNATURE – FATHER/LEGAL GUARDIAN #2