



295 Indest Street
New Iberia, LA 70563
(337) 365-0268

Divorced/Separated Parents Policy

At Iberia Pediatrics, our goal is to partner with parents for healthy kids. We appreciate that child(ren) with divorced or separated parents may present unique challenges, and we require parents to work with us through those challenges. This policy was developed to avoid any misunderstandings going forward.

1. The providers, medical assistants, nurses, 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, vaccinations, and/or any office procedures prior to visiting our practice.
3. Only in situations where there is a documented court order will one parent be denied access to the minor's health record or visits at the office. Iberia Pediatrics must have a copy of the court order on file in the minor's electronic medical record.
4. It is both parents' responsibility to communicate with each other about the patient's care, office visit dates, and any other pertinent information relevant to the patient. It is not the responsibility of Iberia Pediatrics to communicate visit information to each custodial parent separately.
5. Our providers will not call the other parent prior to an appointment to gain consent regarding appointments scheduled, nor will they take a call from the other parent following an appointment. We will not restrict either parent's involvement in the patient's care unless authorized by law; however, we also will not duplicate information delivery unless directed by law.
6. We will send reminders of upcoming appointments by text and/or phone call. We can send this reminder to only the primary phone number listed on the patient's account. The parent or guardian that completes and signs our new patient packet will be the chart guarantor and therefore receive these reminders.
7. **All copays, deductibles, coinsurances, and any other fees are due at the time of the visit and are the responsibility of the parent accompanying the patient to the appointment. If there is an arrangement between the parents about split payment, it is the responsibility of the parent attending the appointment to collect from the other parent.**

Should the issues that come between parents become disruptive to our practice or there is non-compliance with this policy, we reserve the right to discharge the family from our practice.

I am aware of the policy statements above.

Parent Signature _____

Date _____