

PATIENT PARTNERSHIP AGREEMENT

Welcome to Campground Pediatrics + Wellness Center! We look forward to partnering with you to provide the best medical care for your children. Ensuring great care takes teamwork and both you as parents, your children as they grow into young adults, and our team of providers and staff play roles in facilitating that care.

Your physicians, nurse practitioners, and the members of the Campground Pediatrics + Wellness Center team agree to:

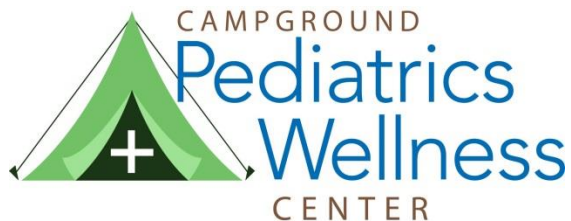
- Listen to your concerns and answer questions you have regarding your child's health.
- Educate and inform you and your children regarding wellness, disease prevention, and health risk avoidance.
- Recommend and encourage appropriate preventative strategies or interventions to ensure your child's best health outcome.
- Perform screening tests of vision, hearing, blood, and urine when indicated to ensure your child's healthy development.
- Perform or order other tests as needed when your child has symptoms for diagnostic purposes.
- Develop a specific care plan to address your child's preventative and problem specific needs.
- Accommodate children who need to be seen for same day for sick visits if call is made to the office by 4:00.
- Provide access during the day to nursing staff in the office or after hours to a provider 24 hours/day 7 days per week via email or, for urgent medical questions, by telephone.
- Utilize technology including electronic health records, website updates with pertinent information, email access with providers, and update information to the State of Michigan vaccine registry MCIR within 24 hours of vaccine administration in the office to ensure the best care possible.
- Inform you of abnormal test results in a timely fashion.
- Review your child's medication and allergy list regularly.

- Advocate on behalf of your child with specialists, other facilities, insurance companies, etc. as needed to facilitate the care deemed necessary by the provider.
- Maintain certifications and continuously learn new information to provide the best possible care for your child.
- Bill your insurance in a timely fashion for office visits.

By choosing Campground Pediatrics + Wellness Center, you agree to:

- Participate in routine well child care visits (at 1, 2, 4, 6, 9, 12, 15, 18 and 22 months, and then yearly starting at age 3) and bring your child in for sick visits as needed or as recommended by the CP+WC team.
- Actively participate with the providers and care team to ensure your concerns are expressed and addressed.
- Arrive on time for your appointments and provide 24 hours notice if you are unable to keep a scheduled appointment. Patients arriving more than 15 minutes late may be asked to reschedule. Patients that do not give a 24-hour notice on well visits will be subject to a \$50 missed appointment fee.
- Make sure the provider and care team are aware of all relevant medical information about your child. Remind us of chronic issues, medications, etc. to ensure the best care.
- Inform the care team of all medications, including over the counter medications and supplements, you are giving your child at each visit.
- Contact the on call provider before seeking care after hours so we can help guide you in getting the best care for your child.
- Return for follow up appointments as advised by the provider and/or make appointments with specialists or schedule tests as recommended by the provider. If you have questions about the necessity of these visits or tests, you agree to ask the provider for additional clarification.
- Know your insurance! Understand ahead of time what your coverage is and communicate that to the team prior to receiving services if it affects what you will receive.
- Follow the Provider's recommendations regarding office based care and prevention. In the event that you are not comfortable with those recommendations, you agree to inform the provider immediately. If you decline services the provider recommends, you agree to sign a waiver acknowledging that you are declining a recommended service, against medical advice.
- Pay co-pays at the time of service and pay any outstanding balance when owed.

Failure to comply with the responsibilities of the agreement could result in dismissal from the practice. Please feel free to call us at **586.232.5355** if you have any questions regarding this.



PATIENT PARTNERSHIP AGREEMENT SIGNATURE PAGE

I have read the Campground Pediatrics + Wellness Center's Patient Partnership Agreement and by signing below, I am agreeing to the terms of the agreement. I understand that I will be subject to a \$50 missed appointment fee if I fail to give a 24-hour cancellation notice on well visits. I also understand I may be asked to reschedule my appointment if I am more than 15 minutes late arriving.

Patient Names (Please print)

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

_____ Date: _____

Signature

_____ **Printed Name** _____ **Relationship to Patient**

_____ Date: _____

Physician Signature

_____ Date: _____

Office/PCMH Representative

_____ No thanks, I don't want to participate and understand that I may no longer be able to be a patient at CP+WC

_____ Date: _____

Signature

_____ **Printed Name** _____ **Relationship to Patient**