





1051 W. Rand Rd. Suite 103, Arlington Heights, IL 60004  
1450 Busch Pkwy Suite 130, Buffalo Grove, IL 60089

847-259-5900  
847-499-3070

www.sanderspeds.com

**Authorization to Treat**

We understand there may be times when neither parent/guardian is available to bring their child to our office. Your signature below allows us to provide care for your child in your absence. Otherwise we will need your written permission prior to caring for your child each time you are unavailable to be present.

I authorize the doctors of Sanders Court Pediatrics, Ltd. to provide medical care and treatment for my child in my absence, including but not limited to routine examinations, immunizations, and lab tests.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Appointment Policy**

Sanders Court Pediatrics provides two appointment reminders through our patient portal and a confirmation phone call 24-48 hours prior to your appointment. Cancelling your appointment in a timely manner allows other patients the opportunity to be seen, which helps us better accommodate both sick and well children.

We ask that you give our office at least 24 hours' notice prior to your appointment time if you are unable to keep your appointment. For sick appointments booked same day, we ask that you please cancel within two (2) hours of your scheduled appointment time.

**Any missed appointment will result in a \$50.00 fee charged to your account.** This will be due at the time of your next visit, prior to being seen. This is not submitted to or covered by your insurance company. We understand that emergencies can occur-please let us know if you are unable to keep an appointment due to emergency circumstances.

We make an effort to keep our patients and doctors on time. **If a patient is 15 or more minutes past their scheduled appointment time, we may have to reschedule the appointment.**

Thank you for understanding and acknowledging this policy.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_



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### **Financial Arrangements and Insurance**

Sanders Court Pediatrics, Ltd. strives to provide the highest quality medical care to all of our patients, and we are dedicated to providing a caring, trusting atmosphere between our patients and physicians.

Please bring and be prepared to show your insurance card to each and every visit. If you are unable to provide a current insurance card or do not have health insurance, you will be expected to pay for your visit in full at the time of your appointment.

If you have health insurance, Sanders Court Pediatrics, Ltd. will submit claims directly to your insurance company. Not all services are a covered benefit in all insurance contracts, and it is your responsibility to be aware of your insurance benefits. While filing insurance claims is a courtesy we offer our patients, all charges are ultimately your responsibility.

Co-payments are due at the time services are rendered, even if your child is sick. We accept cash, check, and all major credit cards. Your copay is an agreement with your insurance plan.

We realize that there may be temporary financial problems that may affect payment of your account balance. If such problems do arise, we ask you to contact us for assistance in the management of your account. We offer payment plans if necessary.

By signing below, I understand and agree to all of the above statements regarding financial arrangements and insurance. I authorize payment of medical benefits directly to Sanders Court Pediatrics, Ltd.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_



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## **Vaccination Policy**

As medical professionals, we feel very strongly that vaccinating your child according to the schedule published by the CDC is absolutely necessary to protect all children and young adults. When you do not vaccinate, you take a significant risk with your child's health and the health of others around them. At Sanders Court Pediatrics, we firmly believe in the effectiveness of vaccines to prevent serious illness and save lives, and we firmly believe in the safety of vaccines. Delaying or spreading out the vaccines goes against expert recommendations and can put your child at risk of serious illness or even death.

**If, despite our recommendations, you feel that you cannot stay within the recommended time frame for vaccines based off the schedules published by the CDC and American Academy of Pediatrics, we will ask that you find another healthcare provider.**

By signing below, I have read and understand the above Sanders Court Pediatrics Vaccine Policy.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_