



14001 N 7th Street . Suite G-114 . Phoenix, AZ 85022
Phone: 602-298-6930 Fax: 602-298-6918

Policy for Divorced or Separated Parents

Moon Valley Pediatrics’ providers and staff are dedicated to our patients and providing quality medical care to your child(ren.) Our focus is on your child’s medical, emotional, psychological and physiological health. We are not party to or to be involved in any legal issues involving divorce, separation or custody agreements. Please, read and agree to the following so that we may provide care to your child(ren.)

1. The physicians, medical assistants, 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 any office procedures PRIOR to visiting our practice.
3. Only in situations where there is a confirmed, documented Court Order will one of the parent’s be denied access to the minor child’s health records or visits at the office. Moon Valley Pediatrics must have a copy of this Court Order on file in the minor child’s electronic 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 the 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 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 physician 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 appointment 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 any of the above points are becoming an issue at the office and/or compromising patient care, we have 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.

Please List Children- Names and DOB:

_____	_____	_____
_____	_____	_____

_____	_____	_____
Print- Parent/Legal Guardian	Sign-Parent/Legal Guardian	Date
_____	_____	_____
Print- Parent/Legal Guardian	Sign- Parent/Legal Guardian	Date