

Pediatric Associates Office and Financial Policy

Our practice is dedicated to children in our community and we strive to provide and maintain a good relationship with our families. The following is a list of policies that Pediatric Associates implements to help us achieve our goals.

New Patients

1. We will need to receive your medical records, immunizations, new patient paperwork and a copy of your insurance card prior to scheduling an appointment in our office.
2. We strive to give your child the best care possible, which means getting a full history at your first appointment in our office. This means that a parent/legal guardian must always accompany the child to their first well or sick visit in our office to complete paperwork and sign permission/confidentiality documents.
3. We follow the AAP guidelines for immunizing our patients. If you do not wish to vaccinate or you want to give them on a different schedule, we will not be able to care for your child.

Appointments

1. If you are unable to keep an appointment, please give our office 24 hour notice. Multiple missed appointments will result in discharge from our practice. A \$25.00 fee will be charged for each missed appointment.
2. If you are more than 10 minutes late for a scheduled appointment, you may be asked to reschedule to another day. If you are continually late for appointments, you may be discharged from the practice.
3. Most insurance companies will only pay for 1 physical annually after the age of two. Please check with your insurance regarding their well child policy before you schedule an appointment.
4. We require you to arrive 10 minutes early for your appointments to complete the necessary paperwork and payment information prior to your visit.
5. You will be asked annually to update a patient registration form. You will also be asked to complete this form if name, address, phone number or insurance has changed to update our files.
6. We require a parent or legal guardian to be present at any well child physical and immunization appointments. If you are unable to be present, we must have permission in writing and signed by parent, and a phone number to reach you during the office visit.
7. All patients under 18 years of age must be accompanied by a parent or legal guardian.
8. Our sick appointments are booked the same day as your child is ill and we will always have appointments available. We do not pre-book sick appointments for days in the future.
9. You are required to bring your insurance card to every visit and co-pays are collected prior to the appointment.

Prescription Refills

1. We require 1 week notice for monthly controlled substance medications. Please plan your refills accordingly.
2. 24 hour notice is needed for all routine medication refills

Transfers

1. We provide the last 3 years of records, consultations and immunizations for your child when they transfer to a new physician free of charge.
2. Additional copies are available at a cost of \$0.75 per page.
3. We require 1 week notice for records transfers.
4. Legal and personal copies of records will be furnished at \$0.75 per page.
5. All requests for records must be in writing and signed by a parent/legal guardian if under 18 years of age. All patients 18 years of age and older must legally sign for their own records.

Forms

1. All school/camp/physical forms not given at the time of the physical will require 48 hour notice to complete.
2. FMLA and Disability forms are completed by the physician and may take up to 1 week depending on the physicians' availability. There may be a charge for these forms to be completed.

Insurance Plans

1. Co-pays and balances are collected at the time of your visit, prior to your appointment.
2. Your insurance card must accompany you to every visit. If you receive a new card, please bring it in for us to scan.
3. Some insurance cards list a primary care provider on the card. If your insurance card lists a physician, please make sure our physicians' name appears on the front of the card. If it does not, you may be financially responsible for the visit.
4. It is your responsibility to keep us updated on your insurance company. If we have incorrect information, and we cannot bill your insurance company you may be held personally responsible for the visit.
5. It is your responsibility to understand your insurance company and what benefits you have. Covered services are different by plan. Please refer to your plan to check covered services and participating Labs and X-ray facilities. Not all insurance companies cover a yearly well child exam, vision screenings and hearing exams. If these are not covered, you may be responsible for payment.
6. When an exam exceeds the normal and customary time, there are additional codes used for billing that sometimes the insurance company makes patient owing, due to the extended time and diagnoses.

Financial Policy

1. We accept cash, checks, post-dated checks, and VISA, MASTERCARD and DISCOVER. We will charge a \$10.00 service charge if you are unable to pay your co-payment at the time of service. If payment of the co-payment is made no later than 15 days after the visit, the service charge will be waived.
2. If you do not have insurance we participate with FULL PAYMENT IS EXPECTED AT TIME OF SERVICE.
3. All accounts with unpaid balances over 60 days will be assessed a \$15.00 monthly statement fee.
4. Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.
5. The adult accompanying a minor patient and the parents/legal guardian of the minor are responsible for full payment at time of service.

Thank you for reading our office and financial policy. Please let us know if you have any questions or concerns.

I have read the above office and financial policies. I understand and agree to the terms of these policies.

X _____ Date _____

Signature of Patient or Responsible Party

X _____

Child's First and Last Name

Child's Date of Birth