

Child Health Care Associates Practice of Pediatrics, PC

Office Policy

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. *Please read each section carefully.* If you have any questions, do not hesitate to ask a member of our staff.

Appointments

- 1) We value the time we have set aside to see and treat your child. We do not double book appointments. If you are not able to keep an appointment, we would appreciate 24-hour notice. Multiple missed appointments may result in dismissal from the practice.
- 2) If you are late for your appointment (>15 minutes), we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your appointment.
- 3) We strive to minimize any wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.
- 4) Before making an annual physical appointment, check with your insurance company as to whether the visit will be covered as a healthy (well-child) visit.
- 5) We require a parent to be present at any well child check/physical and vaccine appointments.
- 6) We will charge a \$10 fee for any appointment on weekends, holidays or after 5pm on weekdays. This additional fee will be billed to your insurance company and may or may not be covered.
- 7) Videotaping and photography in the exam rooms and hallways are prohibited due to privacy issues.
- 8) As your child's primary care "home" medical office, we request that all well child/physical examinations are done here in our office.

Insurance Plans

Please understand

- 1) It is your responsibility to keep us updated with your correct insurance information. We require that you present your insurance card at each visit. **If the insurance company you designate is incorrect, you may be responsible for payment of the visit and to submit the charges to the correct plan for reimbursement.**
- 2) If we are your primary care physician, make sure our name or phone number appears on your card. If your insurance company has not yet been informed that we are your primary care physician, you may be financially responsible for your current visit.
- 3) It is your responsibility to understand your benefit plan with regard to, for instance, covered services and participating laboratories. For example
 - a. Not all plans cover annual healthy (well) physicals, sports physicals, or hearing and vision screenings. If these are not covered, you may be responsible for payment.

- b. At your annual physical if the physician addresses any other issues that are not routine there may be an additional fee billed to your insurance company. This fee may be subject to your deductible or copay.
- 4) It is your responsibility to know if a written referral or authorization is required to see specialists, whether preauthorization is required prior to a procedure, and what services are covered.

Referrals

- 1) Advance notice is needed for all non-emergent referrals, typically 3 to 5 business days.
- 2) It is your responsibility to know if a selected specialist participates in your plan.
- 3) Remember, we must approve referrals before they are issued.
- 4) If you cannot make the appointment we set up for you, it is your responsibility to reschedule it with the specialist.

Financial Responsibility

- 1) According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances.
- 2) **Co-payments** are due at the time of service.
- 3) Self-pay patients are expected to pay for services in FULL at the time of the visit.
- 4) If we do not participate in your insurance plan, payment in full is expected from you at the time of your visit. We will supply you with an invoice that you can submit to your insurance for reimbursement.
- 5) Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within **10** business days of your receipt of your bill.
- 6) If previous arrangements have *not* been made with our billing office, any account balance outstanding longer than 90 days may be forwarded to a collection agency. If this occurs you will be asked to leave the practice.
- 7) For scheduled appointments, we would appreciate any prior balances be paid prior to the visit.
- 8) We accept cash, checks, Visa, MasterCard, and Discover.
- 9) A \$35 fee will be charged for any checks returned for insufficient funds.

Forms

- 1) A Health Appraisal form along with a copy of your child's immunization will be given free of charge at the time of your child's well visit.
- 2) We ask that you give us at least 24 hours' notice if any additional forms such as school, camp, sports or Family and Medical Leave Act forms are needed.
- 3) A \$10 fee will be assessed on multiple page forms such as FMLA forms.

Transfer of Records

- 1) If you transfer to another physician, we will provide a copy of your immunization record and the last two years of your child's history to your physician, free of charge, as a courtesy to you. We need 48 hours' notice.
- 2) Any additional copies of your complete record are available for a \$.75-per-page fee.
- 3) We provide records of your child for visits (including consultations from specialists) rendered here at Child Health Care Associates only. For any previous records, you must request them directly from your previous doctor(s).

Prescription Refills

- 1) For monthly controlled substance and antidepressant medication refills, we require a 5 day notice, during regular business hours. Please plan accordingly.

I have read and understand this office policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously. We will ask you to sign our signature pad at the end of the appointment that you did receive our office policy. Thank you!

12/2014