

A to Z Pediatrics, LLC

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 and initial. 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. If you are not able to keep an appointment, we would appreciate 24-hour notice. **If a family has multiple missed appointments we reserve the right to remove that family from our panel and that family will not be granted any appointments in the future.**
- 2) If you are late for your appointment (>15 minutes), we will do our best to accommodate you. However, since physical exams are not urgent and do take longer time we may request that you 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.

Initial: _____

Insurance Plans

Please understand

- 1) It is your responsibility to keep us updated with your correct insurance information. **If the insurance company you designate is incorrect, you will 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 will be responsible for payment.
 - b. For children younger than 2 years, there is a limit as to the number of allowable well visits per year. If the number of visits is exceeded, your insurance company will not pay; you will be responsible for payment.
- 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.

Initial: _____

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, referrals are based on the Pediatricians request for expert advice from a specialist, therefore all referrals must be requested by or approved by the Pediatrician.
- 4) Most referrals are paper documents; you must pick these up in hand prior to your appointment. Please respect other patients' needs, we cannot start filling out a new referral and faxing it the day of your appointment because you lost it or forgot to pick it up.

Initial: _____

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 previous arrangements have *not* been made with our finance office, any account balance outstanding longer than 90 days will be forwarded to a collection agency.
- 5) For scheduled appointments, prior balances must be paid prior to the visit.
- 6) If you participate with a high-deductible health plan, we require a copy of the health savings account debit or credit card, or a copy of a personal credit card to remain on file.
- 7) We accept cash, checks, Visa, and MasterCard credit and debit.
- 8) A \$40 fee will be charged for any checks returned for insufficient funds.

Initial: _____

Transfer of Records

- 1) If you transfer to another physician, we will provide a copy of your immunization record and growth chart, free of charge, as a courtesy to you. We need 48 hours' notice.
- 2) While we will gladly send you to a specialist for a second opinion, however we promote the idea of a "medical home" Therefore, if you transfer due to dissatisfaction with our office staff or physicians and have received care elsewhere, we will not accept your family back into our practice.
- 3) A copy of your complete record is available for a \$25 fee.
- 4) We provide records of your child for visits (including consultations from specialists) rendered here at A to Z Pediatrics only. For any previous records, you must request them directly from your previous doctor(s).

Initial: _____

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.

Patient Name(s) _____

Responsible Party Member's Name _____ **Relationship** _____

Responsible Party Member's Signature _____ **Date** _____

On completion, we will provide you with a copy for your records.