

~Long Island~ Pediatrics

POLICIES AND PROCEDURES EFF. 1/1/25

PLEASE READ AND INITIAL EACH POLICY; THEN SIGN AND DATE BELOW.

- This office confirms appointments as a courtesy; please remember it is your responsibility to keep your appointment. Method of contact is either Text or Email _____
- Missed appointment charge/NO SHOW CHARGE/SAME DAY CANCELLATION
\$30 MONDAY – FRIDAY AND \$50 WEEKENDS**–THIS IS TO EMPHASIZE THE IMPORTANCE
OF MAINTAINING APPOINTMENTS AND YOUR CHILD’S CARE _____
- Co-Payments are due upon services rendered _____
- If your patient responsibility is in the form of deductibles and co-insurance and/or both, payment is due at
your next scheduled visit or upon receipt of a statement. _____ PLEASE NOTE WE ARE A
CREDIT CARD ON FILE MEDICAL PRACTICE EFF. 9/1/19. PLEASE UPDATE CC INFO ON
REVERSE SIDE
- Administration Fee of \$30 will be added to all balances after 90 days _____
- Patient Balances > 90 days will result in cancellation of a scheduled Well Exam or Physical _____
- Bounced Check Charge \$30 per incident _____
- Request for Tax/Proof of Identity Letters \$20 per letter (subject to change at our discretion) _____
- Since Plans vary, it is your responsibility to know your insurance plan and to inform this office of the
policies with regard to the number of well care visits for your child. _____
- To insure your child’s visit will be covered, it is your responsibility to inform your HMO/Managed Care
Ins. Co. that Dr. Lippmann is your PCP (Primary Care Physician) _____
- The law mandates that as of January 1, 2008, all current immunizations administered to children less than
19 years of age, along with their histories, must be entered into NYSIIS within 14 days of
administration _____
- Forms are free within 30 days of well care appt. Each additional school/camp/daycare/sports form is subject
to \$10 fee & each FMLA/disability/formula forms are subject to \$30 fee (allow 3-5 bus. days).
Administration fee of \$5 for faxing. Forms will not be emailed due to HIPAA regulations. _____

We thank you for your cooperation

Parent/Guardian Signature _____ Date: _____