



Office Policies

Thank you for choosing *Little Legends Pediatrics, LLC* for your child's care. Our goal is to provide quality care in a timely manner. To do so, our office has implemented policies by which all families must abide to ensure we are giving the community the care they deserve.

OFFICE HOURS

- Our office is available Monday – Thursday 8:00 am – 5:00 pm and Friday 8:00 am – 12:30 pm. There is a lunch period from 12:00 pm – 1:00 pm during which staff are unavailable. If you need an appointment, prescription refill, or test result, please call during regular business hours or leave a Voicemail and our staff will return your call.
- The doctor is on call 24/7 for urgent questions. **If there is an emergency call 911.**

COURTESY

- We do our best to serve our families any way we can. With that said, we ask our families to remain patient and kind in our office and over the phone.
- If this cannot be achieved, it may result in termination of the family-practice relationship (this means all children in that family/group).
- Foul language or rude behavior will not be tolerated within the office or on the premises.

VACCINATIONS

- Our Vaccine Policy follows the schedule outlined by the Centers for Disease Control and Prevention (CDC), ACIP, and the American Academy of Pediatrics. If you have concerns, we will work with you to make the right decision for your child. If any vaccine is declined, liability waivers **will be mandatory**.
- While splitting or refusing vaccines will not exclude your child from being seen by our practice, we will not sign any school/camp/daycare/etc. forms that put them in contact with others who may be susceptible to vaccine preventable diseases if they are missing any required vaccinations.

MEDICAL HOME

- We are partnering with your family to provide comprehensive, continuous, and streamlined care, serving as your child's **medical home**. As part of this commitment, we nor the Ohio Department of Health support the "splitting" of care between multiple primary care providers. To ensure the highest *quality* of care and maintain *accurate* medical records, we require that all routine, non-emergency pediatric care be managed exclusively through our office.
- **Splitting care between our office and another primary care provider is considered a violation of medical home policy and may result in dismissal from the practice.**
- Further, to ensure *quality* of care, we ask that you utilize our office during regular business hours whenever possible.
- Please be advised that unless you are directed to do so by our office, if your child is seen during our regular office hours at an outside **Urgent Care** more than two times in a rolling 12-month period, this may result in dismissal from the practice.
- We understand that truly urgent matters occur, and exceptions may be considered on a case-by-case basis.

APPOINTMENTS

- Appointments will be scheduled as promptly as possible. When scheduling, you must provide the patient's name, telephone number, chief complaint/reason for visit, and any updated contact or insurance information.
- Please be aware that payment for the visit can be discussed at the time of scheduling, and guardians will need to complete payment at check-in for the appointment.
- Our office is unable to see more than two (2) siblings for back-to-back appointments unless there is special permission from the provider.

CANCELLATION

- To be respectful to staff and other patients within the practice, we request at least one (1) business day to cancel any scheduled appointment.

NO-SHOWS

- A "no-show" is an appointment for which the family does not call to cancel and misses the scheduled appointment.
- As a courtesy, our office will not charge a family for the first no-showed appointment. If the family continues to miss scheduled appointments, a twenty-five-dollar (\$25.00) fee will be charged to the patient's account and must be collected by the time of the next visit to continue services.
- If an established family "no-shows" three (3) appointments (or any new patient appointment), this can result in termination of the family-provider relationship.
- No-show fees are NOT covered by insurance.

PAYMENT

- *Little Legends Pediatrics, LLC* accepts cash and all major credit/debit cards.
- Our office does not accept personal checks.
- Outstanding balances can be paid through our online portal system or in person.
- If you have an outstanding balance at the time of check-in for an appointment, any unpaid amount will be expected before the scheduled appointment in addition to any fees for the current appointment. Payment plans can be arranged if necessary and requested.
- After 3 attempts to collect any outstanding balance, it may be outsourced to a third-party collection agency, reported to the credit bureaus, and the family-physician relationship will be terminated for non-payment.

FORMS/LETTERS

- We understand that various paperwork and letters may need to be completed for your child(ren). We will be happy to complete these forms or write a letter as needed upon your request.
- Please give our office 3-5 business days to complete any paperwork.
- To complete paperwork, the patient's well-child visits, as well as any required testing, must be up to date. This information is needed to ensure accuracy and meet legal requirements. Our staff will check at the time of request to ensure everything is up to date and will schedule an appointment if needed.
- Please try to bring forms at the time of appointments for the provider to complete and prefill as much of the form as possible in advance.

MEDICAL RECORDS

- To provide the best care possible, we need your child's prior health records prior to seeing them.
- Per HIPAA guidelines, copies of medical records must be requested in writing.

- A release of medical information (ROI) form must be completed prior to releasing these materials. You can request an ROI from the front office or access it on our website. Complete it and present it to their former provider or we can fax it.
- Please be patient. We strive to get this information as soon as possible but cannot control the functions of the releasing provider. They legally have up to 45 days to release records.
- You will also need to complete an ROI form if you would like us to release information to another provider, except in the case of a direct referral to another provider by our office for specialty care.

MINOR PROXY

- Should another individual (proxy) need to bring your child(ren) to their appointment, a proxy form will need to be completed by a legal guardian. Please understand that this gives that individual the right to make medical decisions (treatment, vaccines, etc.) on your behalf.
- All proxies must be 18 years of age or older and provide ID at the time of the visit.
- You may revoke proxy rights at any time, in writing, via the office or through a portal message.
- You will be asked annually to review all proxies to ensure you would like to continue allowing the named individual(s) to bring the patient to appointments.

UNACCOMPANIED MINOR

- Your child under 18 years old may be seen without an adult present starting at the age of 14 (if mature and mentally able)
- An unaccompanied minor form must be completed prior to the time of the visit and can specify types of visits (well checks, vaccines, etc.) and may have a specified date.
- This form must be signed by a parent/legal guardian to be accepted.
- Also, the patient must have a form of payment/insurance for the visit at the time of check-in.

PRESCRIPTION REFILLS & PHARMACY INFORMATION

- Please inform *Little Legends Pediatrics, LLC* which pharmacy your family uses and update our office if this changes.
- Please allow three (3) business days for any refill request.
- We encourage our families to bring an updated list of medications to every visit for review.

By signing this form, I understand and will adhere to all policies set in place by *Little Legends Pediatrics, LLC*. If these policies change, I understand that I will be notified. A copy of this form may be provided at my request at any time.

Patient's Name (Print): _____ Patient's DOB: _____

Legal Guardian's Signature: _____ Relationship to patient: _____

Date: _____