PRESTON HOLLOW
PEDIATRICS

PRACTICE POLICIES

Please Initial Below

_____ **Appointment Scheduling & No-Show Policy:** We try our best to schedule your appointment at the most convenient time possible. As a courtesy, we attempt to contact every patient to remind them of their appointment; however, it is the responsibility of the patient to arrive for their appointment on time. Failure to be present at the time of your scheduled appointment or cancellation notification received less than 24 hours in advance will be subject to a $25 late cancellation/no-show fee for sick visits and a $50 late cancellation/no-show fee for wellness visits, billed to the patient, not the insurance company. The amount of this fee is subject to change at any time without notice.

_____ **Referrals:** A referral from your provider may be made to an outside specialist. Most referral requests must be approved by your primary care provider and require a scheduled office visit. If you need an additional referral to a different provider after your initial referral has been completed, this also requires a scheduled appointment. If your insurance does not require authorization for the referral, you should contact the specialty office directly to schedule your appointment. If your insurance does require approval, we will coordinate the referral for you within 48 business hours. Please be aware that once our office submits a referral, it may take up to 72 hours for insurance approval.

_____ **HIPAA:** The federal government requires us to share our Privacy Notice, which is posted at the Front Desk and throughout our practice. Please review the Privacy Notice, which explains our policy on sharing patient information for treatment and billing.

_____ **Laboratory Services:** Labs that we do not perform in the clinic are sent to an outside lab. If your insurance does not pay the full cost of the lab service, you may receive a bill from CPL/Quest/LabCorp. If you have questions regarding your lab bill, please contact the lab directly. Lab test results may take up to a week. Your provider will contact you by phone or through the Patient Portal with results once received.

_____ **Vaccinations:** Preston Hollow Pediatrics firmly believes that vaccination is one of the most important health-promoting interventions we provide. We follow the immunization schedules recommended by the Centers for Disease Control and Prevention (CDC) for adults, which reflect decades of scientific research and data from millions of patients. We believe vaccines are safe and effective. Delaying or refusing recommended vaccines goes against expert recommendations and is unsupported by scientific evidence. **Adherence to the AAP-recommended vaccine schedule is required for all patients of Preston Hollow Pediatrics.** We welcome questions and are happy to discuss any concerns at your visit.

_____ **Annual Wellness Visits:** We value the importance of preventative healthcare. Patients are encouraged to be seen regularly for annual wellness visits. These visits are used to screen for common health conditions and preventive care needs per current clinical guidelines.

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_____ **ADD/ADHD Medication Refills:** Preston Hollow Pediatrics is happy to refill ADHD medications under the conditions that: a) the patient has had their annual wellness visit and b) they are up-to-date with the ADHD evaluation required every 3 to 6 months.

_____ **Patient Portal:** The Patient Portal provides a secure means of communication between the practice and the patient. It is a noncritical means of communication best used to access your medical records, request prescription refills, request immunization records or send us forms to be completed.

**Practice Policies and Fees are subject to change at any time without notice.*

I have reviewed and agree to the above policies.

Patient Printed Name: _____ Date of Birth: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Today's Date: _____

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