



General Office Policies

At Pediatrics 5280, we strive to provide exceptional care for your children in an efficient manner, while complying with all governmental rules and regulations and trying to keep medical costs down. To achieve this, we have outlined our practice policies for you and ask that you help us in this endeavor. The signature page for these policies will be kept in your children's charts. You will be given this copy to keep for your own records. We highly recommend you share these policies with anyone who might be bringing your children to the office.

- 1) Late Patients** - Late patients cause delays for every patient that follows them on that provider's schedule. Therefore, if you are more than 15 minutes late for a well-child visit, you will have to reschedule for another day/time. For families with multiple children scheduled together for well child visits, the cutoff is 15 minutes after the start time of the initial appointment. The missed appointment/s will be rescheduled. If you are more than 15 minutes late for a sick visit, we will do our best to reschedule your child.
- 2) Missed Appointments** – In order to provide the best care to all our patients, it is essential for appointments that are scheduled to be attended. When an appointment is missed, it takes an available time away from another patient who may need medical attention. To ensure better service for all, we have implemented the following policy:
 - If a patient fails to show up for their scheduled appointment, a \$50 fee will be applied.
 - Please note that insurance companies consider this fee to be the patient's responsibility.Three or more missed or late appointments will be reviewed by the Primary Care Provider and may result in the patient(s) being dismissed from our practice.
- 3) Walk-In Patients** - Pediatrics 5280 does not accept walk-in patients. Visits are by appointment only. Please call the office if your child needs to be seen or schedule on MyChart.
- 4) Add-on Patients** - Please do not ask to have your other children seen during a sibling's appointment. If you have additional concerns about another child, please schedule that child their own appointment.
- 5) Nurse Visits** - Visits may be scheduled with a nurse for immunizations, and occasionally for lab draws if approved/ordered in advance by one of our providers. All other patient evaluations require a visit with a provider.
- 6) Daycare/Camp/School/Sports Forms** - We are happy to fill out forms that you may need for your child that require a provider signature. Patients must be up to date on well visits (within the last year) for forms to be signed. HIPAA laws prevent us from being able to fax them to your child's daycare, camp or school. If you drop off forms at a time other than during a well-child exam, we will have your form completed and returned to you within 3 business days.
- 7) 7) After-Hours, Saturday, and Telephone Charges** – We are open most Saturdays and select holidays to provide convenient access to care for our patients. Saturday and holiday office visits may be subject to an additional after-hours/weekend charge. Certain telephone consultations with our providers may also be subject to a telephone consultation fee. Telephone charges apply when a provider is required to evaluate the patient's condition, provide medical advice, or develop a treatment plan by telephone. Calls handled by nursing staff without provider involvement are not subject to this charge.
- 8) Preventative Visits**- At Pediatrics 5280, we prioritize preventative care, which is essential for your child's health, even if vaccines are not due. These visits help us monitor growth, development, and emotional well-being and are an opportunity to intervene earlier with new health problems that may be developing. We value being your child's medical home, and as such, patients that have missed three consecutive well visits may be considered inactive patients and removed from our practice.
- 9) Medication Refills** - Medications will not be refilled outside of office hours. Please call the office well in advance of your need for a refill. Refills can take 3-5 business days. Controlled medications such as those for ADHD and those for depression/anxiety will only be refilled by your primary care provider. Use of chronic medications may require additional appointments in our office during the year for monitoring/management.
- 10) Respectful Behavior** –We have a zero-tolerance policy for parents, guardians or patients who use inappropriate language or behavior, including threats, curse words, or derogatory comments directed at our staff or patients. If this occurs, your family will be dismissed from our practice.

Financial Office Policies

- 11) Insurance:** Your insurance is a contract between you and your carrier. We work with most insurance companies; however, it is your responsibility to check with your carrier and confirm that we are “in-network” for your plan. The benefit packages vary from plan to plan, and it is your responsibility to know your benefits and restrictions. As a courtesy to you, we will bill your insurance company for your child’s visits. You will be responsible for any charges not paid by your insurance company including charges that go towards a deductible.
- 12) Insurance Cards:** Please bring your insurance card and photo ID with you to *each* office visit. If your child is being brought to the office by an alternate caregiver, please arrange for the insurance card to be presented as well.
- 13) Co-Payments:** Co-payments are due at the time of check-in if required by insurance. If your child is brought to the office by an alternate caregiver, please arrange for payment to be given at the time of the office visit
- 14) Well Visits:**—Per insurance rules, new or existing problems assessed and managed at the time of the wellness exam/physical may require the provider to bill an additional office visit on the day of the wellness exam or physical, which may be subject to a co-pay or deductible. Office visits are defined in the AAP 2021 E/M coding rules, which we are required to follow. Office visits can include, but are not limited to:
- Medication management (e.g.: ADHD, anxiety, depression)
 - Acute illnesses
 - Management of chronic illness (e.g.: asthma, headaches)
 - Mental health
- 15) Patients with no Insurance or Out-of-Network Insurance:** If a patient has no insurance or insurance with which we are not contracted, we offer a time-of-service discount if the charges are paid in full at the time of the office visit.
- 16) Billing Statements and Collections:** After we have received payment from the insurance company, we will send you an itemized billing statement. Three additional statements will be sent out in 30-day increments if payment is not received in full. If you are having financial difficulty, please inform our billing department. Pediatrics 5280, PC is more than willing to work with families who have an outstanding balance. However, there are situations in which an account must be referred to an outside collections agency. If an account does go to collections, no further appointments will be made, and the family will be dismissed from the practice.
- 17) Referrals:** If your insurance contract requires a referral for a provider, test or procedure, you must receive a referral from our office prior to receiving that care. Referrals will only be made after we have evaluated the problem and have determined that a referral is medically necessary. Except in medical emergencies, please allow 7 days for a referral to be processed. You may be financially responsible for any charges incurred if you receive care from a specialist without a referral.

****Please sign and complete the following page****

Copy of above Policies may be sent via MyChart, or a paper copy may be given upon request

General Office and Financial Policies Signature Page

By signing this form, I acknowledge that I have read and understand these policies.

Parent/Guardian Signature

Date

Please list **all** family members seen in our office and birthdates:

Name of 1st child

Date of Birth

Name of 2nd child

Date of Birth

Name of 3rd child

Date of Birth

Name of 4th child

Date of Birth

Name of 5th child

Date of Birth

Name of 6th child

Date of Birth