



# KIDS FIRST PEDIATRICS

growing families one kid at a time

## Office and Financial 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 that we have set aside to see and treat your child. We do not double book appointments. If you are not able to keep an appointment, we would appreciate a 24-hour notice. There is a charge of \$10 for missed appointments.
2. If you are late for your appointment (>15 minutes) we will do our best to accommodate you. However, on certain days, it may be necessary to reschedule your appointment.
3. We will do our best to minimize your wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding and promise the same priority to be given to your child should a medical or psychiatric emergency ever occur.
4. Before making an annual physical appointment, check with your insurance 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 labs. For example:
  - a. Not all plans cover annual well-child exams, sports physicals, or developmental screenings. If these are not covered, you will be responsible for payment.
  - b. For children younger than 2 years, there is sometimes a limit to the number of allowable well visits per year. If the number is exceeded, then the insurance company will not pay; you will be responsible for payment. We follow the most current AAP Bright Futures guidelines for recommendation of routine well visits. These occur as a newborn, 2 weeks, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, and 24 months.
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, we must approve referrals before they are issued. If the referral is not for a known or recurrent issue, we may require your child to be seen prior to issuing the referral.

**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 we do not participate in your insurance plan, payment in full is expected at the time of your visit. We will supply you with an invoice that you can submit to your insurance for reimbursement.
- 5. Patient balances are billed immediately on receipt of your insurance plan’s explanation of benefits. Your remittance is due within 10 business days of your receipt of your bill.
- 6. If previous arrangements have not been made with our office, any balance outstanding for longer than 90 days will be forwarded to a collection agency.
- 7. We accept cash, checks, Visa, and MasterCard credit and debit
- 8. A \$20 fee will be charged for any checks returned for insufficient funds.

**Initial:** \_\_\_\_\_

**Forms**

- 1. There is no charge for completion of school, camp, or sports forms. We do require a turnaround time of 2-3 business days.

**Initial:** \_\_\_\_\_

**Transfer of Records**

- 1. If you transfer to another physician, we will provide a copy of your immunization record and your last visit to your physician free of charge, as a courtesy to you. We require a turnaround time of 2-3 business days.
- 2. A copy of your complete record is available for a flat fee of \$25.
- 3. We provide records of your child for visits rendered here at Kids First Pediatrics only. For any previous records, you must request them directly from your previous doctor.
- 4. We are happy to forward your entire chart via fax directly to your new physician free of charge if we receive a request for release of information.

**Initial:** \_\_\_\_\_

**Prescription Refills**

- 1. For monthly medication refills, we require a 48 hour notice during regular business hours. Refill requests sent via the patient portal on Saturday morning will not be seen before Monday morning and as such may not be available until Wednesday. We will do our best to accommodate quickly, however this is not always possible. Please plan accordingly.

**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** \_\_\_\_\_

**Responsible Party’s Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Responsible Party’s Signature** \_\_\_\_\_

**Date** \_\_\_\_\_