



# OFFICE AND FINANCIAL POLICY

## Appointments

- Our office sees patients by appointment only. If a sibling also needs to be seen, please schedule an appointment ahead of time. We cannot work in a sibling during a patient's appointment, but can offer the next available appointment.
- If you are unable to arrive on time to your appointment, please call the office to inform us. We will review the schedule and determine if you can be seen when you arrive or if you will need to reschedule. We cannot guarantee you will be seen if you arrive past your appointment time.
- If you are unable to keep your appointment for any reason, we require notification 24 hours in advance, so we are able to schedule other patients. There will be a \$25.00 charge applied to your account if you are a no-show or late cancellation.

## Vaccines

- We firmly believe in vaccines and recommend the routine schedule of immunizations at the recommended times. There can be no longer than a 6 month delay for any required vaccine. Nurse visits for giving vaccines will be billed for and must be scheduled.

## Financial

- We require you to notify us of any changes in insurance, address, telephone number, or emergency contact. Our office verifies insurance eligibility for every visit and we do our best to make sure that your claim is processed properly when submitted to the insurance plan. It is your responsibility to provide us with accurate information and to be familiar with your insurance coverage. Any charges not covered by insurance are the guarantor's responsibility. If there is a financial hardship, please communicate this to our office. If there is an outstanding balance on your account for greater than 90 days we reserve the right to turn the account over to collections, add a 25% collection fee, and discharge your family from the practice.
- We collect copayments at the beginning of each appointment. If you participate with a high-deductible health plan, we ask that you pay \$40 at the time of the visit, with the rest to be billed after your claim is filed. Self-pay patients are expected to pay for services at the time of the visit.
- We accept cash, VISA and MasterCard and can process payments over the phone.
- Our fee for completing forms, including those for school, sports and travel, is \$10 for each form.

I have read and understand the above policies. I understand that failure to comply may result in discharge from the practice.

Patient Names: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_