

POLICIES OF KIDS FIRST PEDIATRICS OF STAFFORD

Appointments: At Kids First Pediatrics of Stafford we see patients by appointment only. We do have same-day sick appointments available daily (try to call early if needed). As a courtesy we will call to confirm & send automated email/text reminders 48 hours in advance for pre-scheduled appointments, but it is your responsibility to notify us if you need to cancel. If a patient does not show up for a scheduled appointment or does not give 24 hours notice, a \$25 fee will be charged for Sick Visits/Nurse Visits and \$50 for Well Checks/Consultations. The fee will need to be paid prior to scheduling another appointment. We have a 15 minute grace period to arrive for the scheduled appointment. If you are more than 15 minutes late or arrive past your scheduled time for a well check appointment WITHOUT forms done, you will need to reschedule the appointment. Please be courteous to other patients and our staff--arrive on time, with any required pre-visit forms done. ***Three missed appointments (per family) without notification will trigger dismissal from the practice.***

Form and Letter Fees: All forms requested to be completed by a provider outside of a scheduled appointment are subject to a \$20 fee (per form) OR \$40 fee (per form) if needed within 24 hours. Letters are \$20-40 depending on the time it takes to complete them. Routine forms normally take 2-3 business days to complete but could take longer at busier times of year. Parents must pre-fill as much of the form as possible before submitting.

Telehealth: We do offer telemedicine for some types of visits. Check with staff if your appointment is appropriate for that (and please check if your insurance covers it). After hours, you can always reach one of our providers by pressing "0" (zero) when you get the voicemail. There may be an additional charge to speak to a provider after hours that is not covered by insurance.

Information changes: If patients' personal information changes, such as address, phone number or insurance information, please notify the front office staff. You will need to complete a new Patient Information form for our records. ***Please note that established patients will need to complete the form, regardless of changes, on a yearly basis. This can be done on the patient portal.***

If insurance information changes, it is your responsibility to inform the front office staff and to provide the new insurance card or you will be held responsible for the balance owed.

Well Checks: We follow the American Academy of Pediatrics (AAP) recommended well check schedule. At each well check we ask that you complete the age-appropriate Bright Futures questionnaire from the AAP. Additionally, for patients 11 years and older there are separate questionnaires for a parent/guardian & the patient (to be completed confidentially). These should be completed via the patient portal prior to appointment or arrive 15 minutes early to complete on paper in office. The AAP recommends providers have time to speak alone to each patient starting in the teens. This supports the provider/patient relationship and helps the patient learn

how to access medical care. This is also offered to younger children if requested. We will respect the patient's wishes if they want the information discussed to remain confidential unless the patient discloses that they are suicidal.

Immunizations: We require that all our patients stay up to date on all required vaccines. This protects your children and everyone else's.

Patients 18-21 years old: A patient 18 years and older will complete a HIPAA consent form and can consent to release information to individuals or not. The law requires us to protect the privacy of our patients and will not disclose medical information if a patient has declined to allow parents access to their medical information.

Medical Records: We can fax or electronically send medical records to other physicians for free, on your request with a Medical Record Release. Printing, mailing or repeated requests for records will incur a fee. Any outstanding fees must be paid before records can be transferred.

Insurance Authorization, Payment & Benefits

_____ I understand that I am ultimately responsible for deductible, co-insurance, copays and any other balances not paid by my insurance company. It is my responsibility to know what my insurance covers.

_____ I understand that I must pay my copay at the time of service, regardless of who accompanies my child to his/her visit.

_____ I understand that I must have proof of insurance at each visit. If I have a newborn, I will provide proof of coverage before 30 days of age. It is my responsibility to be sure Kids First has up to date, accurate information.

_____ I understand that well and sick benefits may be handled differently with insurance and if at a well visit, the patient is sick, or has an issue that needs treatment, the provider can bill for both services at the same appointment and the patient is responsible for paying outstanding charges.

I HAVE READ AND ACCEPT THESE POLICIES:

(All patients in family can be on same form)

PATIENT NAME(S): _____

SIGNATURE OF PARENT/GUARDIAN/PATIENT:

_____ DATE: _____

COPY AVAILABLE UPON REQUEST