

AZKidsDoc Pediatrics Office Policy

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policies allows for a good flow of communication and enables us to achieve our goal in providing the best care for your child. If you have any questions, please do not hesitate to ask our Compliance Manager.

We reserve the right to make changes to this *Policy* and to make such changes effective for all of our patients and staff. If and when this *Policy* is changed, AZKidsDoc Pediatrics will provide you, upon your request, with a revised *Policy*.

PATIENT RIGHTS

As a patient of **AZKidsDoc Pediatrics**, you and your child are entitled to private, courteous and respectful quality health care based on your child's needs:

- Your child is entitled to these rights regardless of their gender, race, ethnic, cultural, economic, educational or religious background or the source of payment for their care.
- We encourage you to participate in decisions regarding their treatment and healthcare.
- You have a right to clear, unbiased information concerning their diagnosis, treatment, risks, recovery and alternate care. Based on this information, you can refuse, consent or change their treatment.
- You have the right to create advance directives, which dictate their preferences for treatment. If you do not have any advance directives, their treatment will be guided by our policies and procedures.
- We guarantee that all of their medical, financial and personal information will be treated confidentially. You are entitled to copies of their medical records if you should leave **AZKidsDoc Pediatrics**.
- You have the right to understand all of their charges on your **AZKidsDoc Pediatrics** bill.

PATIENT RESPONSIBILITIES

As a patient's caregiver, you have the responsibility to provide your doctor and other members of the medical staff your child's medical history and insurance information as accurate and complete as possible. While you are visiting **AZKidsDoc Pediatrics**, you must comply with the rules and regulations and adhere to a treatment plan selected by your child's doctor. You have the responsibility to fulfill your financial obligations of their healthcare.

The **AZKidsDoc Pediatrics** *Notice of Privacy Practices* provides information about the privacy right of our patients; and how we may use and disclose protected health information (PHI) about our patients. Federal regulation requires that we give our patients or their legal guardian the opportunity to review our *Notice* before signing this acknowledgment.

If you have any questions about your rights or our privacy practices please send a letter to the following address. A response will be sent within seven (7) business days.

Kurt Cusanovich
AZKidsDoc Pediatrics, 15215 South 48th Street #110 • Phoenix, AZ 85044
kurtc@azkidsdoc.com

PAYMENT POLICY

- Payment for services provided is due at the time of your office visit. We will not deny care to any patient due to uncertainty of insurance coverage, but please understand you are responsible for any non-covered services.
- Well-visit exams, camp and sports physical examinations, immunizations, as well as other routine services may not be covered by some insurance plans. It is your responsibility to verify this coverage by your insurance carrier and plan.
- You should receive a bill for any patient responsibility within 30 days or an Explanation of Benefits (EOB) from your insurance carrier. If you do not, please contact our Patient Account Services department.
- You are responsible for all balances not paid by your insurance carrier.
- If you have a co-payment or deductible, payment is expected on the date services are rendered.
- Any co-pays or deductibles that are not paid on the day of the visit will be subjected to an additional \$10 fee.
- For your convenience we accept payment by Cash, Check, Debit Card, Visa, MasterCard and Discover.
- Patients with an outstanding balance over 60 days must make arrangements for payment prior to scheduling Well-Visit exams, consults and immunizations.
- Please review our *Financial Policy* for more information.

APPOINTMENTS

IN THE CASE OF A LIFE-THREATENING EMERGENCY, PLEASE CALL 911 IMMEDIATELY.

- **Schedule an appointment by calling 480 783-8964.** Walk-in patients are offered the first available appointment. There is a \$10 fee for this service and it is not covered by insurance.
- **Appointments for additional children should be made by phone prior to coming to the office.** A \$10 charge is applied for the add-on appointments. If you would like another child to be seen, please schedule appointments for *all* children by *phone* prior to coming to the office and you will not be charged a fee.
- **Schedule same-day appointments for Sick-Visits.** Call our reception staff early in the day to request a same day appointment with the next available pediatrician. Although we will make every effort to schedule your child's Sick-Visit with the doctor of your choice, the schedule may not always permit this.
- **Arrive early if you are a new patient.** Please remember that all insurance requires that your insurance data be updated prior to each encounter. This usually takes a few minutes. If this is not done, your insurance may deny your claim. We do not want time spent on administrative requirements to limit your time with the doctor.
- **Patients who arrive on time are seen at their appointment time.** Patients who have arrived on time will be seen ahead of those who arrive late. If you arrive late, we may need to abbreviate or reschedule your child's visit.
- **Call ahead if you are late or unable to make your appointment time.** We will do all that we can to accommodate your child's appointment and to minimize the need to reschedule your appointment.
- **Late arrivals (>15 minutes after scheduled appointment) will be offered the next available appointment.** In these cases, a \$50 no-show charge for the lost appointment will apply. While we will do all that is possible to accommodate requests, the first-available appointment may *or may not* be on the day the appointment was missed.
- **The no-show charge will be waived if you contact the office before your appointment.** Remember that appointments canceled more than 24 business hours prior to when they were scheduled do *not* incur a no-show fee.

The above noted fees will NOT be billed to your insurance; they are your personal responsibility. Our office confirms appointments the day prior to your appointment (or on Friday for Monday appointments). This is provided as a courtesy to our families; it is your responsibility to remember your appointment. If an appointment is missed more than three times you will be asked to transfer care to another practice.

WELL-VISIT APPOINTMENTS

Well-Visit exams consist of a complete physical exam that includes a developmental evaluation, measurement of height and weight, hearing and vision screen, blood pressure, scoliosis check, neurological exam and an update of immunizations.

Depending on the age of the child, we may check for anemia and perform a developmental screen. Diet and sleep patterns are discussed, as well as in-depth discussions regarding safety and behavioral issues.

With adolescent physicals, there may be discussions regarding high-risk behavior, sexuality, peer pressure, school related issues and depression.

A Well-Visit physical is required every 12 months for most day care facilities, camps, junior high and high school sports. The AAP recommends yearly Well-Visit physicals from age two years to 21 years. Visits are more frequent under the age of two years.

SICK APPOINTMENTS

Each weekday, we are prepared to see any sick child who should be examined that day. Call our reception staff early in the day to request a same day appointment with the next available pediatrician. Although we will make every effort to schedule your child's Sick-Visit with the doctor of your choice, the schedule may not always permit this.

If your child has multiple symptoms, problems, or concerns, please let the receptionist know if the problem has been recent or long-standing when you make the appointment so the visit can be extended. We want to make sure the doctor has enough time to address all of your concerns without feeling rushed.

If your child is sick on the day of the Well-Visit appointment, we can either see your child for the Sick-Visit and reschedule the Well-Visit or see the child for both. Your insurance plan may NOT cover both the Well- and Sick-Visit on the same day and any remaining balance will become 100% your responsibility.

NEWBORNS

It will be necessary for you to contact your employer or your insurance provider's member services department within 30 days of your child's birth. You will need to complete the appropriate forms to add your baby to your family policy. If the paperwork is not completed and received by your insurance provider within the 30-day grace period, there is a strong possibility that coverage will be denied until the next insurance open enrollment period through your employer. Therefore, to avoid any charges that you will be responsible for if your baby is not added as a covered dependent, please fill out the forms within 30 days of your child's birth.

If your insurance provider requires that you choose a Primary Care Physician (PCP), make sure you select one of our physicians in this practice. There may be a separate form to complete specifically for this reason. If one of our physicians is not chosen when required by your insurance provider, your insurance provider may deny payment and any balance will become 100% your responsibility.

AFTER-HOURS CALL SERVICE

IN THE CASE OF A LIFE-THREATENING EMERGENCY, PLEASE CALL 911 IMMEDIATELY.

Please limit after-hour calls to urgent issues and emergencies. After 5pm, call the answering service at (480) 303-1227 and they will take your information and page either the doctor or nurse to return your important call. If your child must be seen by a doctor after hours, we suggest the taking them to an urgent care center located near you.

For prescription refills, appointment requests, and other non-urgent matters, you may leave a message or call the during regular office hours: Monday through Friday, 8am to 5pm.

Please do the following when using this service:

- When leaving a message, please speak slowly & clearly.
- Be sure to leave a callback number.
- Disable your call block feature.
- Have all pertinent information ready for the doctor
- Follow the doctor's instructions.

REFILLS & PRESCRIPTIONS

- For monthly medication refills, we require 48 hours' notice, during regular business hours. Please plan accordingly.
- If you require a "same-day" refill for a written prescription, there will be a \$10 fee.
- It is the policy in our practice that **NO NEW** medication is prescribed without the patient being by their physician first.
- It is the doctors' general policy not to phone in antibiotic prescriptions. If your child is sick enough to require an antibiotic, we highly encourage for he or she first to be examined.
- For chronic conditions, we will be more than happy to fulfill a prescription refill.

REFERRALS

- Many insurance companies require a referral from your primary care physician before a specialist may see you. Many times we can treat the problem, thus saving your additional time. Once you have been referred to a specialist by our office, call that specialist, set up an appointment time, and then call us for a follow-up appointment after the visit with the specialist.
- It is your responsibility to know if a selected specialist participates in your insurance plan.

MEDICAL RECORDS

A completed and signed *Record Release* form must be done before any records are released. Please allow five working days for records to be copied if being picked up and additional time if being mailed. If records are not being directly released to another physician's office, there will be a fee of \$1.00 per page up to 25 pages and \$.25 per page thereafter applied and must be paid prior to release of any records.

NURSES CHARGES

Please be advised that when bringing a child in for any follow-ups, consults, vision screening, hearing screening or for a weight check; there will be a charge and copay assessed. This is due to the fact that the nurse must record each visit in the chart.

DAYCARE, CAMP, SCHOOL & SPORTS FORMS AND IMMUNIZATION RECORDS

We will be glad to fill out any school, camp, daycare, sport forms and/or immunization records at the time of your child's physical examination or Well-Visit at no charge. Please make sure you bring the appropriate pre-filled forms with you at the time of your visit; if other than a routine school physical examination or immunization form.

- Request for completion of any of the aforementioned forms or any other form requiring medical assessment not done at the time of exam will require five working days and a \$10 fee.
- If you need a form filled out the same day, we are happy to accommodate, but there will be an additional \$10 rush fee. Simply bring the form to our office, with your payment, let us know it is a rush form, and we will get it back to you the end of the business day, at the latest.
- Request for completion of a FMLA Form is \$25.00 fee.
- Patients with outstanding balances greater than 30 days will not be able to receive their forms until balances are current.
- There is no charge for a blue *Childhood/Adolescent Immunization Administration Record* and *Lifetime Immunization Record* given at the time of your child's first visit. However, should you lose your Records, there will be a \$10 charge for each *Record* to replace them.
- Forms that need to be filled out by a nurse or physician can be left at our office for completion and then picked up in 1-2 days. If a self-addressed stamped envelope is provided, we will mail the form to you or the facility. Some forms can also be faxed to the facility.
- Parents – please read the requirements for physicals on camp and sports forms. Some camps and/or sports specify that the child have a physical exam every 12 months. If you need a form filled out, and it indicates the need for a past physical exam within the last year, we cannot sign the form unless your child has had a complete physical exam within that time period.

UNACCOMPANIED MINORS

Due to HIPAA regulations our office requires a dated and signed *Authorization To Provide Medical Care Form* when a person other than the birth parent or legal guardian is accompanying a minor to their appointment by. This includes stepparents, grandparents, day care providers, nanny, baby-sitter, etc. Non-emergency care may be denied without this *Form*. This form is available on our website: www.ActiveKidsPediatrics.com.

We expect children under twelve to be accompanied by a parent or guardian for a Well-Visit. Nannies, baby sitters, and siblings cannot usually provide the information we need and often will not fully understand our instructions or requests.

Adolescents may be examined alone, and parts of the examination are confidential. Nevertheless, it is helpful for adolescents to be accompanied by a parent or guardian as well. Please review our *Limitation of Access Policy (Consent and Confidentiality for Adolescents)*.

Once a patient turns 18, new patient intake sheets are filled out and signed by the, now 18-year-old, patient. HIPAA guidelines mandate we must have the patient's consent to release their medical information, even to a parent.

OFFICE BEHAVIOR

- We expect parents to assist us in examining their children when requested; this helps the exam go more smoothly for you and the child.
- Please be courteous to other patients, our staff and our doctors and turn-off or mute cell phones in our office and examination rooms.

WHAT TO BRING

- Always bring your current health insurance card to the office.
- Bring your child's immunization records with you.
- List of medications your child may be taking, there is no need to bring the actual medications.
- Please notify us at time of check-in of any changes in your insurance, address, phone number, etc.
- We have found that notebooks are a great way for parents to remember things and keep notes about each visit.

We are here to provide the *best* care we can to your children. As always, we welcome the opportunity to care for your children and appreciate your trust in the services we provide.