

***Pediatric & Adolescent Center Policies and Procedures 15555 Northline Road,
Southgate, MI 48195***

1. Insurance Cards

Please bring your current insurance card to each visit. We accept many insurance plans. For this reason, it is your responsibility to know the benefits and provisions of your individual policy. If you do not provide us with the current insurance information at the time of service, we will be unable to file the insurance claim for you, making you responsible for the cost of all services.

2. Co-payments and balances

If your insurance policy requires a co-payment, it must be paid before your child is seen. For your convenience, we accept cash, checks, American Express, Visa and Master Card. Any balances on your account due to deductibles, cost sharing, co insurances etc. also need to be paid prior to being seen by the person bringing the patient in.

3. Forms

If you require a form for daycare, pre-school, camp, sports physicals or any other activity, we request you bring the form with you to your child's well exam. There is no charge for forms filled out the day of the well exam. Please allow a minimum 24 hour turn around time on forms to be filled out at a later date. There will be a \$10 charge on any form apart from physical forms filled. Patients may be asked to come in for a visit to fill more detailed forms like FMLA paperwork or paperwork for foster care agencies.

4. Appointments

Please schedule a separate appointment for each child you feel needs to be examined or discussed. Please do not ask the doctors for another child to be examined or discussed when you do not have an appointment for that child. This will set the doctor off schedule & result in other patients waiting. Patients calling in for same day appointments may need to see any available doctor / nurse practitioner, though we will try to accommodate your request to see a specific doctor if possible. Saturday appointments are reserved for sick visits.

5. Missed /Late appointments

If you are unable to keep your child's scheduled appointment, we simply ask that you call us 24 hours in advance to cancel. Patients who miss appointments without reasonable notice will be assessed a missed appointment fee. If you are late for your appointment you may be asked to reschedule the visit. We will be happy to try and work you in, but you may have to wait until there is an available time so others who come on time for their appointment won't have to wait. Patients who miss appointments repeatedly will not be allowed to make future appointments – they will have to call the same day they want to come in and take any available appointment. Repeated missed appointments may also result in termination from our practice.

6. Prescription Refills

Non controlled substance refills will be completed by the next business day. Controlled medications may require an appointment with your physician for refills and may require prescriptions be picked up in person. Please schedule these appointments in advance. Many people choose to schedule this next appointment as they leave the current appointment for an improved choice of appointment times.

7. After Hours Calls

After hours calls should be limited to urgent matters. Our physicians do not call out prescriptions for antibiotics after office hours or for routinely used medication refills.

8. Returned Mail / Check

Please remember to update your information each time you are in the office, especially your Telephone number, address, insurance & preferred pharmacy. When a check is returned to us not paid by your bank due to insufficient funds or other reasons, the bank charges our account a fee and hence an amount equal to \$25 will be added to your account balance. This amount may increase if the amount charged by the bank increases. After 2 returned checks we will no longer accept a check on your account. Your balance will need to be paid by cash, Visa or Master Card.

9. Medical Records

If you would like a copy of your child's medical record, there is a standard charge as allowed by Michigan law. Our office charges a nominal fee of \$10 for the 1st copy of records. At your written request, we will transfer copies of your entire record to another physicians office one time without charge if you are transferring your care to another facility. A request for additional copies of records will be subject to higher charges.

10. Immunizations

We encourage all of our patients be immunized for ALL state required immunizations. If you do not have health insurance or do not have coverage for immunizations on your insurance, please let us know ahead of time so that we can use the vaccines provided by the health department for under insured & uninsured patients – you will only be responsible for the administration charge of \$20 per vaccine in such instances. Parents who do not get all vaccines at the recommended times and choose to split the vaccines in two or more visits will have to pay a charge of \$20 for each such nurse visit for vaccines to cover our additional time and costs. Please note, we not accept patients who do not vaccinate at all.

13. HIPAA

We respect the privacy of your health information & take every precaution to safeguard it. We can not fax any medical information without written request due to Federal HIPAA regulations.

By my signature below, I state that I have read and understand the above policies for Pediatric & Adolescent Center.

Parent/Guardian Signature _____ **Date** _____
Patient Name