



## Office 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 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 24-hour notice. **There is a charge of \$25 for missed appointments.**
- 2) If you are late for your appointment, you may be asked to reschedule.
- 3) We strive to minimize any wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.
- 4) Before making an annual physical appointment, check with your insurance company 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 notified 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 laboratories. For example
  - a) Not all plans cover annual healthy (well) physicals, sports physicals, or hearing and vision screenings. If these are not covered, you will be responsible for payment at the time of service. Please notify our office for financial arrangements if you are not able to pay at time of service before the appointment.
  - b) For children younger than 2 years, there is a limit as to the number of allowable well visits per year. If the number of visits is exceeded, your insurance company will not pay; you will be responsible for payment at the time of service. Please notify our office for financial arrangements if you are not able to pay at time of service before the appointment.
- 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.
- 5) It is your responsibility to notify us of primary and secondary insurance policies. If you have both a commercial private and State AHCCCS insurance, you are to use the AHCCCS policy as a secondary and commercial as primary, for further questions you may contact State AHCCCS insurance for information. If both policies are commercial insurances, it is your responsibility to contact both policies to update coordination of benefits (which one is to be billed first). This will make billing your insurance companies a much easier process and avoid unpaid visits by your plan.

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 all referrals before they are issued.

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





### Financial Responsibility

- 1) According to your insurance plan, you are responsible for any and all co-payments deductibles and co-insurances at time of service.
- 2) Co-payments are due at the time of service. A **\$20** fee will be charged in addition to your co-payment if the co-payment is not paid by the end of that business day.
- 3) Self-pay patients are expected to pay for services in **FULL** at the time of the visit. Please notify our office for financial arrangements if you are not able to pay at time of service before the appointment.
- 4) If we do not participate in your insurance plan, payment in full is expected from you 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 finance office, any account balance outstanding longer than 28 days will be charged a **\$20 re-bill fee** for each 28-day cycle. Any balance outstanding longer than **90 days** will be forwarded to a collection agency and patients will be dismissed from the practice.
- 7) For scheduled appointments, prior balances must be paid prior to the visit.
- 8) If you participate with a high-deductible health plan, we require a copy of the health savings account debit/credit card, or a copy of a personal credit card to remain on file.
- 9) We accept cash, checks, Visa, MasterCard, American Express, Discover, and Debit cards.
- 10) A **\$25** fee will be charged for any checks returned for insufficient funds.

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

### Forms

- 1) There is no charge for immunization records, additional school, camp or sports forms given at the time of your child's visit. This is considered part of the visit. However, should you lose your forms there will be a \$15 charge to complete them.
- 2) Any additional school, camp or sports forms are subject to a **\$15** per form fee that is requested after your child's well-check visit. Family and Medical Leave Act Forms are **\$20**. Payment is due when the forms are dropped off. We require **3- day turn around time**.

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

### Transfer of Records

- 1) If you transfer to another physician, we will provide a copy of your immunizations record and your last visit to your physician, free of charge, as a courtesy to you. We need 30 day notice.
- 2) A copy of your complete record is available for a \$25 fee.
- 3) We provide records of your child for visits (including consultations from specialists) rendered here at Desert Sun Pediatrics only. For any previous records, you must request them directly from your previous doctor(s).

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

### Prescription Refills

For monthly medication refills, we require **48 hour's notice**, during regular business hours. Please plan accordingly.

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

### Well-Child Services Policy

Good health care for newborns, infants, children, and adolescents begins with the well-child visit (checkup) and other services that help keep children healthy. These are *preventive* services. Our doctors and staff provide these services based on a plan called Bright Futures. The American Academy of Pediatrics (AAP) made this plan to help doctors and families know what preventive services children should receive from birth to 21 years of age, such as screening tests (developmental, hearing, vision), and advice about staying health and safe. This plan can





be altered to suit each child as needed. We also follow the AAP vaccine schedule for newborns, infants, children and adolescents.

Because preventive services are important to keeping children healthy, the Patient Protection and Affordable Care Act (health care reform law) includes a rule that all preventive care screenings and services included in the Bright Futures plan and vaccine schedule must be covered by most health plans. This is not always true though, as some older plans, galled grandfathered plans do not have to pay in full for preventive services.

There may also be times when a child needs a service that is not considered preventive on the same day as well-child visit. If a child is not well or a problem is found or needs to be addressed during the checkup, the physician may need to provide an additional office visit service (called a sick visit) to care for the child. This is a different service and is billed to your health plan *in addition* to the preventive services provided on that day. If you have a co-payment for office visits or coinsurance or deductible amounts that you must pay before your health plan pays for these services, our office will charge you these amounts.

We value your time and want to make the most of each appointment for the child. This is why we will address any problem that needs a doctor's care during well-child visits so that only one trip is needed. Some services that may be provided and billed in addition to preventive services include:

- The doctor's work to address more than a minor problem, which will be billed as an office visit (eg, if the doctor gives a prescription, orders tests, or changes care for a known problem)
- Medical treatments (eg, breathing treatments)
- Any surgery (eg, removing splinters or something the child put in his or her nose or ear)
- Tests performed in the office that are not included in the Bright Futures Plan

Our office does not want you to be surprised by a bill but must always bill your health plan based on the actual services provided. Please feel free to ask questions about services that may not be paid in full by your health plan on the day of your visit. It is our pleasure to help.

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

***I have read and understand this office policy and agree to comply. I also understand that I am financially responsible for all charges not covered by my insurance. In the event of default, I agree to pay any/all additionally fees' that require a collection agency. I also agree to pay court costs, Interest allowed by law and attorney fees incurred because of the default.***

Patient Name \_\_\_\_\_

Responsible Party Member's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Responsible Party Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

