

Union Hill Pediatrics, LLC

Office Policy 2020

Our goal is to provide excellent family-centered care, and maintain a good physician-patient relationship. Informing you of our office policy in advance allows for good communication, and enables us to achieve our goal. PLEASE READ EACH SECTION CAREFULLY, AND INITIAL. If you have any questions, please do not hesitate to ask one of our staff members.

Appointments

1. We value the time we have set to see and treat your child. If you are unable to keep an appointment, we would appreciate 24 hours' notice. **There is a fee of \$75.00 for any missed appointments.**
2. If you are more than **15** minutes late for your appointment , we will do our best to accommodate you. However, depending on the day, it may be necessary to reschedule your appointment at the discretion of our staff.
3. If you would like more than one child to be seen by the doctor you **MUST** notify us in **ADVANCE**. Our day is structured around not only treating patients, but also doing so in a manner that minimizes the waiting time as much as possible. Unexpected patients create longer waiting times. **PLEASE BE CONSIDERATE.**
4. We do strive to minimize any wait time; however, emergencies to occur, and will take priority over a scheduled visit. We ask for, and appreciate your understanding.
5. Before making an annual physical appointment, please check with your insurance company as to whether the visit will be covered. Some insurance companies are very particular as to the date (from the last well visit). Some require well visits be scheduled exactly a year from the last well visit date, others require only a calendar year. Any visit not covered would fall under patient responsibility. Please book your child's well visit at least a month in advance so we can accommodate any specific appointment dates/times that may be needed.

Copays

All copays that are due **MUST** be paid at the time of the visit. There will be a **\$10.00 fee** for any copay not paid at the time of service.

Initial/Last name _____

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Forms

Any **FORMS** that need to be completed can only be done so if your child has had a well visit within the year. **WE CAN NOT FILL OUT ANY FORMS IF YOUR CHILD DOES NOT HAVE AN UP TO DATE WELL VISIT.** Please allow **2WEEKS** for any school/camp forms to be completed. The fee for **each** form is \$15, and is due at the time of pick up. Any form that needs to be expedited can be done so for a fee of \$30.00.

Insurance Plans

1. It is your responsibility to keep us updated with your correct insurance/contact information. Please check in at the front desk at every visit and have your insurance information verified by our staff.
2. If we are your primary care physician, and your insurance requires you to choose a PCP, please make sure our name and or phone number appears on your card. If your insurance company has not yet been informed that we are the PCP, you may be financially responsible for your current visit.
3. Any **newborn** that we welcome into our practice **must be added** to the existing policy by the first **30** days of life. If you do not add the child, any subsequent visit / vaccines will be your financial responsibility.
4. It is your responsibility to understand your benefit plan. Each plan is vastly different, and has very different rules for what services are or aren't covered.
5. Not all plans cover annual well physicals, sports physicals, or vision screenings. Any services not covered by insurance will be your financial responsibility.
6. For children younger than 2 years of age, there may be a limit as to how many visits are allowed. Any visits after the max limit will be your financial responsibility.
7. It is your responsibility to know if a referral or prior authorization is required to see specialists. Please be advised that we require **72 hours'** notice for any referral/authorization that needs to be completed.

The office will close for lunch between the hour of 1pm and 2pm. We will gladly answer any calls and address any patient needs upon our return.

We at Union Hill Pediatrics thank you for your understanding and support!

Initial _____