

MILESTONES PEDIATRICS

OFFICE POLICIES

Our goal is to provide and maintain a good physician-patient relationship. We are committed to providing you with the best possible care, and part of that is having healthy communication with our patients. Letting you know in advance of our office policies 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. A signed copy can be made at your request.

APPOINTMENTS

1. We value the time we have set aside to see and treat your child. We do not double book appointments. Broken appointments represent a cost to us, to you, and the other patients who could have been seen in the time set aside for you. If you are not able to keep an appointment, we would appreciate a 24-hour notice. **You will be charged \$150 for your second and each subsequent missed (no-show) appointment/s in a twelve-month period.**
2. If you are late for your appointment (**10-15 minutes**), we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your appointment to a different time either that day or a different day.
3. Payment of your co-pay is expected at the time of service. This is required by your insurance. All co-payments not paid at the time of service will be assessed a \$10 fee.
4. We strive to minimize any wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.
5. **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.
6. **CONFIRMING APPOINTMENTS;** Do you allow us to leave a message on any voicemail when confirming appointments? YES NO

Initial: _____

INSURANCE

If the insurance company you designate is incorrect or inactive at the time of a visit, you will be responsible for payment of the visit if we cannot receive reimbursement from the insurance company.

It is your responsibility to keep us updated with your most current insurance information and to understand your benefit plan regarding covered services. For example, Not all plans cover **annual healthy (well) physicals, hearing/vision screenings, developmental questionnaires, and postpartum screens** for mom, earwax removal, rapid strep, flu, RSV, Covid, mono, and stool occult blood testing. If any of these services are not covered, you will be responsible for payment. Each insurance plan includes a limit to the frequency of allowable **well visits** per patient. It is your responsibility to find out what is allowed by your insurance company. If the allowed number of visits is exceeded, your insurance company will not pay; you will be responsible for that payment.

- a. **VACCINE VISITS:** may be subject to a co-pay if the child is seen by the physician for any other reason in addition to the vaccine, including the flu vaccine. Most times patients will only see the nurse for vaccine appointments. However, the nurse may feel the need to bring the doctor into the visit. If the doctor is brought into the visit, the insurance considers the visit to be a non-preventative care office visit and the patient's co-pay will apply.
- b. If a wellness visit contains a "problem" component beyond the scope of a "routine" wellness exam, then the insurance may not cover the entire visit as "preventative care" and you may be financially responsible for a portion of the visit. Example: an illness, ADHD, or any other component that the insurance considers a "problem".
- c. Contact your insurance company to confirm that we are selected as your primary. You agree to be financially responsible if any claim is rejected for eligibility reasons.
- d. If you are unable to present your card at the time of service or provide proof of coverage, you agree to be financially responsible if any claim is rejected for eligibility reasons.

Initial: _____

NEWBORNS

Please make sure that you add your newborn to your insurance policy within 30 days of birth.

Have your carrier backdate your baby's coverage to the baby's date of birth. Any charges incurred due to failure of putting a newborn onto the insurance plan will be your responsibility.

INFANTS

We follow the American Academy of Pediatrics guidelines. We would like to see your newborn 1-3 days after hospital discharge. Your physician will ask how your baby is feeding, check weight and hydration, evaluate for jaundice, and discuss other important newborn concerns and questions. Routine well visits are typically performed at the first visit after the hospital discharge, 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, 3 years, and then annually. This schedule can be found on our website. All other visits are billed as "office sick visits" and any co-pays and/or deductibles would apply.

Initial: _____

WELL EXAMS

- During checkups for children, we perform the following:
- Height, weight, and head circumference (depending on age) are measured and plotted on a growth chart. A body mass index (BMI) is calculated for all children 3 years and older.
- Hearing and vision screenings are performed as recommended.
- Blood pressure is recorded for children 3 years and older.
- Developmental milestones, education, and safety issues are discussed in an age-appropriate fashion. This includes filling out a developmental questionnaire for the appropriate age and some private time with our adolescents. For our adolescent demographic, we ask that the patient (not parents) fill out a depression & substance abuse screener.
- Recommended vaccines and screening labs will be administered.

Initial: _____

VACCINES- Infants must be up to date with infant vaccines by the age of 9 months. Children must receive all vaccinations mandated by the NJ Board of Education to continue to be a part of the practice. **Initial:** _____

REFERRALS

- It is your responsibility to know if a referral/pre-authorization is required to see specialists, or to have a procedure done. Advance notice is required for all non-emergent referrals, typically 2 to 4 business days. It is your responsibility to know if the specialist participates in your plan and to obtain all information needed to complete the referral. (Name, NPI#, address & fax #). We must approve referrals before we will issue them. In most instances, we will require you to be seen in the office for the ailment associated with your specialist visit. **Initial:** _____

FINANCIAL RESPONSIBILITIES

- 1) You are responsible for any/ all co-payments, deductibles, and coinsurances, as indicated by your EOB (explanation of benefits).
- 2) Co-payments are due at the time of service. The accompanying parent or adult is responsible for payment at the time of service. A fee of **\$10** may be added to your account if the co-pay is not paid at the time of service.
- 3) We realize that temporary financial problems may affect the timely payment of your account. If such problems arise, we encourage you to contact our billing department promptly for payment arrangements and assistance in the management of your account.
- 4) Patients without medical insurance or that have insurance plans that we do not participate with, should expect to pay for services in full at the time of the visit.
- 5) If your insurance company does not respond to our claim submission, we will submit the claim a second time. **If they have failed to pay after the second submission, the balance will become your responsibility and is due within 30 days of billing.**
- 6) You are responsible for the timely payment of your account. If a balance is unpaid after 30 days, there will be a **\$10** billing charge added to each 30-day billing cycle until the account balance is paid in full. **Any patient balance unpaid for more than 90 days will be turned over to an outside collection agency unless other arrangements have been made. Accounts that are turned over to collections may result in dismissal from the practice as well as an 18% service charge.**
- 7) A billing charge of **\$25** will be added to any bank fees incurred for any checks returned for insufficient funds along with the original amount of the check.
- 8) **Divorced/Separated & Co-Parenting Parents-**The parent/guardian that presents the child for medical services is the financially responsible party. If there is a financial arrangement between individual parental parties, this arrangement is between the two parties and does not absolve the parent that brings the child in for services from their financial obligation to our office. Our office will not be involved with separation or divorce disputes. Any responsible party who brings a child in is also responsible for communicating with any other guardians/parents. Any parent/guardian who is not present for the visit is welcome to participate during the visit via video conference or schedule a second office visit if they would like for the medical staff to repeat the visit with them. We assume that both parents have medical-legal rights for a child unless written documentation from a court is provided otherwise; any guardian with this right is able to provide consent for evaluation and treatment, and this office is not responsible for making sure that all parents are in agreement. **Initial:** _____

FORMS

- 1) The average turnaround time for all forms is 7-10 business days, sometimes less and sometimes more depending on the time of year. Please allow yourself plenty of time to have the forms completed. Once complete they will be available on the patient portal. **Initial:** _____

TRANSFER OF RECORDS

- 1) If you transfer to another physician, we will provide a copy of your immunization record to your physician, free of charge, as a courtesy to you.
- 2) We require a written request for charts. You will receive your child/ren's complete medical record. We **DO NOT** fax charts.
- 3) There is a charge of \$1.00 per page or \$100.00 for the entire record, whichever is less. If your records are no more than 10 pages, the charge will be \$10.00. We have 30 days after we receive a written request from you to provide you with your child/ren's records.
- 4) Failure to comply with office policies or any other reason may lead to our doctor-patient relationship being terminated. Patients will be notified by mail and will have 30 days to find another primary care physician, during which time only necessary urgent care and prescriptions will be provided. **Initial:** _____

PRESCRIPTION REFILLS

- 1) Please allow at least 24 hours' notice, during regular business hours. If you require a medical exam for a refill of a medication (for example, for ADHD medications), please plan accordingly. We will not be able to renew prescriptions without that appointment. Prescriptions for controlled substances (like most ADHD medications) cannot be faxed or called into a pharmacy; a hard copy prescription must be taken by the guardian. **Initial:** _____

I have read and understand this office policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Patient Name(s) _____

Responsible Party's Name _____ Relationship to patient _____

Responsible Party Member's Signature _____ Date _____