

Sunshine Pediatrics of Ocala, P.A.

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) Patient/children are seen only by appointments. Walk-ins disrupt the flow of practice, and we strongly discourage this. Walk-ins will only be seen if there are openings. Please call to set up an appointment and in most cases we will be able to see your child for illnesses the same day.
- 2) We value the time we have set aside to see and treat your child. Broken appointments represent a cost to our practice and to you as well as other patients, who could have been seen during the appointment time set aside for 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 without 24-hour notice or emergencies.**
- 3) If you are late for your appointment (>15 minutes), we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your appointment.
- 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.

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 informed 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, and be responsible for non-covered services.
- 4) We accept several plan from most of the common insurances including: Blue Cross Blue Shield, United Health Care (Commercial Only), Cigna, Aetna, AvMed, Coventry, TriCare, etc. We accept Medicaid, MediPass, and Prestige Health at this time. We may, in the future, accept other Medicaid HMOs as the state law changes or unfolds. Our staff will assist you about our current insurance acceptance policy.
- 5) At this time, no new **SELF PAY** patients are being accepted.

Initial: _____

Financial Responsibility

- 1) According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances.
- 2) **Co-payments** are due at the time of service. A **\$10 service 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) 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.
- 4) If previous arrangements have *not* been made with our finance office, any account balance outstanding longer than 28 days will be charged a **\$10 re-bill fee** for each 28-day cycle. Any balance outstanding longer than 90 days will be forwarded to a collection agency.
- 5) For scheduled appointments, prior balances must be paid prior to the visit.
- 6) We accept cash, checks, Visa, and MasterCard credit and debit.
- 7) A **\$40** fee will be charged for any checks returned for insufficient funds.

Initial: _____

Forms

- 1) There is no charge for a blue-and-yellow form 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 **\$5** charge to replace them.
- 2) Any additional school, camp, or sports forms are subject to a **\$10**-per-form fee. Family and Medical Leave Act forms are **\$10**. Payment is due when the forms are dropped off. We require 3-day turnaround time.

Initial: _____

Transfer of Records

- 1) If you transfer to another physician, we will provide a copy of your child's complete record including immunization record and your last visit to your physician, **free of charge**, as a courtesy to you with written consent. We need at least 10 business days to accomplish this.
- 2) A copy of your child's complete record is available for a **\$1.00**-per-page for the *first* 25 pages, then **\$0.25**-per-page thereafter, if you would like to pick-up yourself. We need at least 10 business days to accomplish this.

Initial: _____

Prescription Refills

- 1) If there are no refills left on your medication container, please do not call the pharmacy. Please, instead, call our office. Please make sure all of your rescue/emergency medications have refills. Please **DO NOT** expect an on-call physician to refill these medications.
- 2) Antibiotics **WILL NOT** be called in to a pharmacy without the patient first being seen by one of our providers.

Initial: _____

Dismissal from Practice

Your child may be discharged from our practice in the following situations (Our management reserves the right to make final decision on this issue.):

- 1) Failure to show-up on first appointment if proper 24-hour notice has not been given or emergencies.
- 2) Multiple “No-Shows” (No 24-hour notice given.); More than 3 “No-Shows” in a 12-month time span.
- 3) Any rude behavior or use of profanity towards any of our staff members or our providers.
- 4) Any child who has been transferred to another provider, away from this practice by the parents/caregivers or has been dismissed from our practice, *will not be allowed to return* to Sunshine Pediatrics of Ocala, P.A., unless the transfer was due to moving out of town/state or insurance issues which could not be resolved by the parents, and our practice was properly notified before the transfer occurred. This policy will be applied to all siblings living in the household.
- 5) Failure to comply with treatment plan agreed upon by you and the provider (on more than one occasion).
- 6) Existing patient whose parent decides to **STOP** future vaccinations

Vaccinations

At this time, we are **NOT** accepting any child whose parent has decided against vaccinating the child.

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 Member’s Name _____

Relationship _____

Responsible Party Member’s Signature _____

Date _____

On completion, we will provide you with a copy for your records.

Revised 8/2013