



## Office Procedure and Financial Policy

Thank you for choosing us as your pediatric office. The goal of the doctors and staff of Glendale Pediatrics is to provide the best possible medical care for you and to develop and maintain a relationship with you that will grow and strengthen through the years ahead. Along with our medical relationship, we will be establishing a financial relationship. In order to successfully maintain this relationship, we want you to have a clear understanding of our financial policy. We ask that you read, understand and sign this policy statement **prior to any treatment.**

### **Insurance Verification**

It is your responsibility to verify with your insurance carrier prior to your appointment that our physicians are participating providers with your specific plan. As a patient, you are responsible for **thoroughly understanding** your insurance benefits. This includes what items your insurance will or will not cover and **any special facilities that need to be utilized for labs and x-ray services** that the doctor might order for you. This is important as **Glendale Pediatrics cannot be responsible for services provided at non-contracted facilities.** As a courtesy to our insurance patients, we will bill both primary and secondary medical insurance. However, in order for us to bill for an appointment, you must submit **proof of current insurance coverage** at the time of the visit. **Without current proof of coverage, payment for the services will be required at the time the service is rendered.** If insurance information is submitted after the date of service, we will be glad to bill your insurance and refund your payment.

### **Payment for Services**

Several years ago, Glendale Pediatrics instituted a **mandatory** financial requirement for all of our patients. Please read the attached Payment for Services sheet, complete and sign the Credit Card Authorization form and return to our front office staff before leaving the office today.

### **Cancellation Policy**

A specific time is reserved for you when you schedule an appointment. If you cannot keep your scheduled appointment, **please give us at least 24 hours notice** so that we may reschedule your appointment and offer the reserved time to another patient. It is our policy to charge for appointments that have been scheduled in advance and are cancelled with less than 24 hours' notice (**this includes same day appointments**). **The charge will be the same as the scheduled appointment and is not covered by insurance.**

### **Additional Health Issues Addressed During Preventative Care Appointments.**

Preventative Care is an important part of your good health. We recommend and follow the schedule established by the American Academy of Pediatrics. Unfortunately, through the years, insurance companies have continued to limit the scope of issues that they will cover during these preventative care exams. Sometimes during these exams, the physician will diagnose and treat another health problem. **Services for the other problem will be billed as a separate office visit along with your well care visit.** Please be aware that some insurance companies may require that patients pay separate co-pay for this office visit. If you have extra issues to discuss, please inform the staff so that they can schedule additional time for your concerns.

### **Unscheduled Appointments**

We discourage walk-in appointments. Appointments requested in the office without prior arrangement will be made according to our discretion with consideration given to other patients' scheduled appointments. Any unscheduled patients who require evaluation by our Triage staff, will be charged a triage fee of **\$50.00**. This fee is not covered by insurance and is due at the time of service.

### **Saturday Appointments**

We do offer Saturday morning appointments for urgent visits. While we are happy to offer this service, please be aware that there is an additional **\$45.00** fee for weekend appointments.

### **Telephone Consultations**

There may be a consultation charge for complex or lengthy telephone calls with the doctor to discuss your health problems. We will be glad to bill your insurance company, however, if these charges are not covered under your health plan, you will be responsible for the payment.

### **Completion of Forms and Request for Medical Records**

If you have letters or forms for our doctors to complete, (camp, school, etc.), please be aware that there is an administration fee per form for turnaround in 5 – 7 business days. If forms are needed sooner, there will be an additional charge. There is also a fee for duplication of medical records per patient if records are to be picked up. An additional fee will be charged if the chart is exceptionally large or if you request that the records be mailed. Please be advised that we do not fax medical records.

### **Maintaining a Respectful Environment**

The doctors and staff strive to treat our patients and their parents with courtesy and respect. It is also important that we insure that our staff is treated with respect from our patients as well. We feel very strongly that our staff should be able to work in an environment free from verbal and physical abuse. **Angry outbursts against our staff will not be tolerated and may result in your discharge from the practice.**

***I have read and understand the financial policies of Glendale Pediatrics.***

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Patient's Signature

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Date