

Children's Wellness Center, LLC

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) Both sick and well visits are by appointment only. You may request the physician of your choice for well visits. Sick visits are scheduled on the day of appointment only with the doctor who is working at the office where you are usually seen. This is done to reduce no shows and maintain an adequate availability of open slots for sick children only.
- 2) We value the time we have set aside to see and treat your child. We do not double book appointments. Each child needs his/her own appointment so that the office can run on time.
- 3) If you are not able to keep an appointment, we require 24-hour notice. **There is a charge of \$25.00 for missed appointments.** Please help us serve you better by keeping scheduled appointments. Multiple missed appointments may result in dismissal from practice.
- 4) 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. **If rescheduled, there is a charge of \$25.00 for missed appointments.**
- 5) We strive to minimize any wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.

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) For patients with **HMO plans**, you are responsible for knowing the **co-payment** amount and **primary care physician** listed on each child's 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) Insurance plans vary considerably, and we cannot predict or guarantee what part of our services will or will not be covered. Health insurance is a contract between you, your employer, and your insurance company. It is important for you to be an informed consumer who understands the specifications of your insurance policy. 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.
 - 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.
- 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 laboratory tests and emergency hospital care services are covered.

Initial: _____

Referrals

- 1) Emergent Referrals by our primary care physician's (PCP's) are completed at the time of service and a copy provided to you in office.
- 2) Non-emergency referrals for your child to see a specialist, or for procedures or laboratory tests, you must allow us 3 business days to complete the appropriate form(s) prior to obtaining services. You may have to reschedule your appointment if enough notice is not given to prepare your referral. Retroactive referrals cannot be written and will not be honored. It is your responsibility to know if a selected specialist participates in your plan.
- 3) In general, we will not agree to a referral for a problem we have not been consulted about first.

Initial: _____

(over)

Financial Responsibility

- 1) As required under your insurance contract, **co-payments** are due at the time of service. CWC does not bill for co pays. If payment is not made at time of service, this matter must be settled by the end of that business day.
- 2) The accompanying parent or adult is responsible for full payment at the time of service. In case of divorce, please do not place our office in the middle of marital disputes. It is your responsibility to work out the payment of your child’s medical care between the custodial and noncustodial parent.
- 3) **Self-pay patients** are expected to pay for services in **FULL at the time of the visit**.
- 4) **Deductibles and coinsurance** are your responsibility and will be billed to you by our office. All insurance carriers have a fee schedule from which they will reimburse. However, some services may be limited and/or not a covered service under your contract. Therefore, any **balance not covered by insurance** becomes the responsibility of the patient.
- 5) Patient balances are billed immediately on receipt of your insurance plan’s explanation of benefits. Your remittance is due in full upon receipt. Any balance outstanding longer than 90 days will be forwarded to our collection agency. We will continue to see your child on an emergency basis only for the next 30 days, giving you time to find a new source of medical care. A certified letter will be sent, including all information for our collection agency, Mutual Management Services, LLC for you to contact. Accounts placed for collection may result in dismissal from practice.
- 6) If you participate with a high-deductible health plan, we require a copy of the health savings account debit or credit card, or a copy of a personal credit card to remain on file.
- 7) CWC accepts cash, personal check, Visa/MasterCard/Discover/American Express. Payment can now be made online @ www.cwcpediatrics.com
- 8) A **\$25.00 NSF fee** will be charged for each returned check

Initial: _____

Forms

- 1) Any additional school sports or camp physical forms are subject to a \$25.00 charge per-form. If non-covered by your insurance carrier, patient is responsible.
- 2) Family and Medical Leave Act forms are \$45.00. 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 immunization record free of charge as a courtesy to you. We need 48 hours notice.
- 2) Request of your child’s complete medical record will be charged a fee of **\$25.00 per chart. Completion** of records release form and payment is required prior to any copying. Please allow CWC up to 2 weeks to have the chart copied.

Initial: _____

Prescription Refills

- 1) Please make sure your child’s pharmacy information is updated in our system.
- 2) For medication refills, we require 48 hours’ notice, during regular business hours. Please ask your pharmacy to fax the request to our office.

Initial: _____

After Hours Care

- 1) For life threatening emergencies, call 911. For urgent medical questions that cannot wait until our office is open, please call our answering service at 708.946.1041. The will page the doctor on call who will call you back.
- 2) Non emergency phone calls may be assessed a fee at the doctor’s discretion. Most insurance plans do not cover this service and the cost will be patient’s responsibility.
- 3) We do not prescribe antibiotics, steroids, etc over the phone. These medications can have serious side effects, and a child should receive a full evaluation by a physician before starting a new medication..

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. I understand that the terms of this financial policy may be amended by the practice at any time without prior notification to the guarantor and a copy is available @ www.cwcpediatrics.com

Patient Name(s) _____

Responsible Party Member’s Name _____ **Relationship** _____

Responsible Party Member’s Signature _____ **Date** _____