

## *Pediatric Partners Policies and Procedures*

### **1. Insurance Cards**

Please bring your current insurance card each visit. It is your responsibility to know the benefits and provisions of your individual policy. If you do not provide us with the current insurance information at the time of service, we will be unable to file the insurance claim for you, making you responsible for the cost of all services.

### **2. Co-payments**

If your insurance policy requires a co-payment, this must be paid before your child is seen. If you do not pay the co-payment at the time of service, you will be charged an administration fee. For your convenience, we accept cash, checks, and credit cards.

### **3. Forms**

If you require a form for daycare, pre-school, camp, sports physicals or any other activity we request you bring the form with you to your child's well exam. Forms are available on our website for your convenience. If you request a form to be filled out at a later date, there will be a fee charged. Please allow up to three business days for the form to be completed.

### **4. Missed /Late appointments**

If you are unable to keep your child's scheduled appointment, we simply ask that you call us 24 hours in advance to cancel. Except for emergencies, appointments not cancelled at least 24 hours in advance will be subject to a charge. If you are more than 15 minutes late for your appointment we may need to ask you to reschedule out of courtesy to our other patients. We will be happy to try and work you in, but you will have to wait until there is an available appointment time or we may offer you an appointment with another provider, if available.

### **5. Prescription Refills**

If your child is on a controlled medication and you need a refill, we request you notify our office 5 business days in advance to get the prescription written. For all other medication refills, please have your pharmacy send us a refill request. These will be completed within three business days.

### **6. Prior Authorizations**

Prior authorizations required by your insurance company may be subject to a fee. Our nurses spend a great amount of time trying to get medications approved.

### **7. After Hours Calls**

After hours calls should be limited to urgent matters. Remember to check our website: [www.pediatricpartnerskc.com](http://www.pediatricpartnerskc.com) where you may find the answer to many common concerns. If you are calling after regular office hours for a non-urgent matter, there may be a charge. Our physicians do not call out prescriptions after office hours.

### **8. Returned Mail / Check**

Please remember to update your patient information sheet each time you are in the office. There is a charge if your bill is returned to us due to a change of address. When a check is returned to us not paid by your bank due to insufficient funds or other reasons, the bank charges our account a fee and that cost will be added to your account balance. After 2 returned checks we will no longer accept a check on your account. Your balance will need to be paid by cash, or credit card.

### **9. Medical Records**

If you would like a copy of your child's medical record there is a standard charge as allowed by Kansas law. At your written request, we will transfer immunizations, growth chart and last well exam to another physician office one time without charge. A request for additional records will be subject to a charge. Records will be transferred within 30 days of the written request.

### **11. Immunizations**

We require that all of our patients be immunized for ALL state required immunizations. There are vaccines that aren't required but are recommended. Please refer to our website: [www.pediatricpartnerskc.com](http://www.pediatricpartnerskc.com) for more information concerning immunizations.

### **12. Appointments**

Please schedule an appointment for each child you feel needs to be examined or discussed. Remember to schedule well exams in advance.

### **13. HIPAA**

We do not fax any medical information to your home or work office. We will fax immunization records to your child's school or daycare. There is a fee for this service.

**By my signature below, I state that I have read and understand the above policies for Pediatric Partners, P.A.**

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**Parent/Guardian Signature**

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**Date**

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**Account #**