

BULLOCH PEDIATRICS GROUP, LLC
OFFICE POLICIES

Appointment Policy

- All appointments are scheduled. All walk-ins are scheduled into the next available appointment on the schedule. Same day sick appointments are almost always available.
- Please be on time. If you are late, you may be rescheduled.
- Please call if you can not keep your child's appointment. Recurrent "no-shows" are grounds for dismissal from our practice.
- Physician, office, and neonatal emergencies impact schedules and result in unpredictable waiting periods. We make every effort to maintain our schedule and minimize any inconvenience to you. However, emergencies do occur. If a significant delay occurs we will inform you and we will gladly reschedule your appointment if you would prefer not to wait.
- Appointments are taken back in the order of the appointment time not the arrival time.

Professionalism Policy

- Our staff strives to be courteous at all times. If you feel you have received poor customer service, please notify the Office Manager.
- Being rude to or threatening staff is grounds for dismissal from the practice.
- Our physicians answer cell phone calls and pages related only to patient care. Please be equally courteous and do not use your cell phone while interacting with staff.

Insurance Policy

- Please remember that your insurance coverage is a contract between you and your insurance company, not between you and our practice. We make every effort to work with you and your insurance company, however, if there is a dispute over what your insurance company paid and what they said is your responsibility, please contact your insurance company before calling our billing department.
- Your insurance contract requires us to collect specific amounts. It is a contract violation for us to waive co payments, coinsurance, etc.
- Due to administrative expense, we do not file secondary insurance unless the patient has Medicaid, Amerigroup, Wellcare or Peachcare. We will provide you with a detailed statement so that you can file secondary insurance yourself.
- If you are covered under a state funded program (Amerigroup, Wellcare, Medicaid or Peachcare) you are required to report if you have additional primary insurance; failure to do so is insurance fraud and these programs can require the patient to pay back money for the paid claims in error. Please let us know if you have primary commercial insurance at check in.

Financial Policy

- All fees are due at time of service.
- Nonpayment and failure to set up a payment plan will result in your account being turned over to a collection agency. You will incur additional collection fees of 33% added to your bill.
- Once an account has been turned over to collections all payments on your account must be made through the collection agency, not our office.
- Patients whose accounts have been turned over to collections will not be seen until the account balance is paid in full.
- If you write a check to us as means of payment and that check is returned to us for "non sufficient funds" you will incur a \$35 NSF fee from our practice and you will no longer be able to use a check as a form of payment in our office.

Prescriptions and Forms

- Prescriptions will be ready 3 days after we receive your request. We will only notify you if there is a problem with your request.
- Forms take 2-5 days to complete. There is a \$10 charge to complete forms.
- Our physicians rarely call in medications. We believe that by seeing your child, we can provide better care.

Vaccine Policy

- We follow the ACIP, AAP and VFC vaccination schedule whenever possible. We believe that vaccines are safe and strongly recommend that patients receive vaccines based on this schedule.

Expectations for Behavior

- You are responsible for your child's behavior in this office. You are also responsible for the behavior of all guests you bring to our office.
- Children should not be left unattended in the waiting room or exam room.
- Children should not play on or with the furniture. Please let us know if you would like the doctor's stool removed from the exam room.
- You are responsible for cleaning up any mess made by your child/guest. This includes food, drink, ink pen marks, etc.
- If you have difficulty making your children behave, please consider making a special appointment for advice on behavior and discipline. We would like to help you.

Phone Call Policy

- Our physicians are available for urgent medical matters after office hours.
- Please do not call us regarding refills, forms, billing, etc. after hours.
- Please call for advice before going to an Emergency Room or other urgent care facility. We are your child's medical home and can provide the best advice/care for your child.
- Phone calls that provide care for a new problem or a flare up of an old problem and help you avoid an office or ER visit may incur a charge. Some private insurance plans require a co pay.
- Telephone triage calls during office hours are returned by the end of the business day. These calls are handled in order of medical importance first. If you do not want to wait for a call back we suggest you schedule an appointment for us to see your child. We handle these calls as quickly as possible.

Medical Records

- If you are new to our practice you will need to transfer your medical records from your previous practice. A medical records release form must be filled out in order to complete the request.
- Often times these medical records will need to have been transferred **BEFORE** your first appointment so that the physician has time to review them.
- Should you chose to leave our practice for any reason we will gladly copy and send the medical records to the office of your choosing free of charge once a medical records release form has been filed out.
- If a parent would like a hard copy of their child's medical records there is a \$15 copying fee.
- Once a patient leaves our practice and transfers their records they are not allowed to return to our practice. The only case in which this doesn't apply is if a family moves away from the area and later returns.

I agree to adhere to the above policies and procedures, by signing below I accept the terms and conditions of these office policies and procedures.

Parent/Guardian Signature

Child's Name

Date