



PEDIATRIC CENTERS

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BelAir and Havre de Grace Pediatrics Office Policies

Please initial each statement indicating your agreement.

We are pleased you have chosen our practice as your child's health care provider. The following are our office policies. Please read over and initial each section and sign at the bottom to show you understand and will abide by our policy.

_____ 1. You are asked to complete an Information Form each year whether information has changed or not. If you change address, phone number, insurance or employment information before this time, you need to notify our office immediately. We ask for a copy of your license or picture ID.

_____ 2. We will submit claims to your insurance company, but we must have the correct information. If you have more than one insurance, we must have both insurance information for proper submission. Copays are expected at the time of the visit. Co-insurance and deductible will be billed to you after the insurance has processed the claim.

_____ 3. Your account is expected to be paid within 30 days from the billing date. Please do not ignore the billing statements. If you disagree with the statement, please contact us immediately for an explanation. Sometimes you may be asked to contact your insurance for information they need from you or if you think they paid incorrectly. If you are unable to pay the bill in full, please contact our Billing staff to setup a payment plan. If an insurance comes back after you have paid the bill and pays, you will be reimbursed.

If your account goes over 90 days, it will be considered delinquent and will be sent to the collection agency. Once it has gone to collections, the patient can only be seen for sick or urgent visits for up to 30 days. At that point the patient will be discharged from our practice, and you must find another physician. If the balance is paid in full, we can start seeing the patient again, but this cannot happen more than once.

_____ 4. We do not get involved in legal, financial, separation or divorce disputes between the parents. The person that brings the patient in is responsible to pay the co-pay at the time of the visit. A receipt will be provided to show proof of payment if needed. If there is an outstanding balance, both parents are liable. Remember outstanding balances go to the collection agency and the services will be discontinued.

_____ 5. If your child is involved in an automobile accident, we are unable to bill your medical insurance. It has to go through the auto insurance. The parent must pay at the time of the visit, and they will be provided with an itemized statement to turn into the auto insurance for reimbursement.

_____ 6. Fees:

- a) Copying of records – a fee is set by the state of Maryland on a yearly basis. There will be a per page fee. Shipping and handling costs are also to be added. This must be paid before the records are to be copied. We can only release records generated by our practice. Records are usually sent out within two weeks.
- b) Forms – if forms (school, sports, camp, etc.) are brought in during the physical, the forms will be completed at no extra charge. However, if they are brought in at other times, there will be a minimal fee per type of form.
- c) FMLA – there will be a charge on the initial form only.
- d) Returned checks - \$35.00 fee for all returned checks.

_____ 7. If you are unable to keep a scheduled appointment, please call as soon as possible to cancel or reschedule. **Due to our patient load, we cannot tolerate missed appointments. You will be given two written or verbal warnings, but after the third missed appointment, we will be forced to discontinue services.**

_____ 8. Both offices are open Monday through Friday at 8:00A.M. Appointments for routine physical and follow-ups are scheduled in advance. Sick visits are triaged and booked on as needed basis. We do allow for urgent and same day appointments and request that you work with our appointment time accommodations.

_____ 9. Prescription refills are done through our voicemail system. We ask for at least 24 hours' notice.

_____ 10. We provide 24 hour on-call coverage seven days a week through our voice mail system. Our group is covered by our physicians and Night Nurse. For after hour calls, we request you limit them to urgent and emergency concerns only. No prescriptions will be filled after hours.

_____ 11. We will have you complete a consent form if you have someone else bring your child to appointments from time to time. This is to authorize that we may discuss discuss your child's condition with them, and in turn, they may authorize medical treatment and/or immunizations.

I have read and agreed to the above Office Policies.

Parent's signature _____ Date _____