



(P.R.O.P) Patient Responsibility and Office Policy/Procedure Form

Office Hours

Monday 7:30 am to 6:00 pm

Tuesday 8:30 am to 8:00 pm

Wednesday 9:00 am to 5:00 pm

Thursday 8:30 am to 8:00 pm

Friday 8:30 am to 4:00 pm

Saturday 9:00 am to 12:00 pm

Phones are answered starting 30 minutes prior to office hours except on Mondays. Saturdays are reserved for same day sick visits only. Please call after 8:45 am for a Saturday appointment. We break for lunch from 1-2 pm daily.

If you are a new patient please arrive 20 minutes prior to your scheduled appointment to allow for administrative time to register the patient, or to provide updated changes in personal information prior to seeing the provider.

For patients under 18, remember that a parent, legal guardian, or Consent Proxy must be present with the child at all office visits.

Bring all insurance cards that document coverage for your child.

Bring your child's immunization record.

Complete in advance all downloadable registration forms available on our website and bring them with you on your first visit.

Our Medical Record release form is also available for you to download and send to your previous physician if you are transferring to Healthy Kids Pediatrics.

Co-payments are collected upon arrival.

Insurance coverage verification: For new patients, it is very important that you call your insurance company before your scheduled visit to find out if we are in your network or not. For established patients, we urge that you verify that our providers are listed as providers in your network, and also if there are any changes to your insurance policy. 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 submission of charges to the correct plan for reimbursement.

Routine well visits: Well child visits are scheduled Monday through Friday and follow the guidelines of the American Academy of Pediatrics. For children younger than 3 years old, your insurance carrier may limit 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. For scheduled well visit appointments, prior balances must be paid in full at the time of the visit.

Sick visits: If your child needs to be seen because of an illness, we will make every effort to have your child seen on the same day. Please call ahead to schedule your appointment.

Co-pays: As part of our contract with the insurance companies we are legally required by the terms of the contract to collect any co-pays from you at the time of service. If your co-pay is not paid at the time of service, an additional charge of \$5.00 will be added to your co-pay.

Cancellations: We do understand that occasionally situations come up that are beyond your control. In those instances, we request that you extend us the courtesy of a 24-hour notice of cancellation. Healthy Kids Pediatrics will charge \$100.00 for a missed well visit appointment and cancellations received less than 24 hours prior to appointment time, except for cases of emergency. Healthy Kids Pediatrics will charge \$25.00 for a missed sick visit appointment and cancellations received less than 24 hours prior to appointment time, except for cases of emergency.

Self pay: Self pay patients are expected to pay for service in FULL at the time of the visit.

Referrals: Referrals must be requested at least 3-5 business days prior to your appointment unless the visit is an emergency. If you do not request a referral prior to seeing a specialist, we will not backdate a referral. This will violate our contract with your insurance company. Without a valid referral you could become responsible for payment of any charges incurred at the specialist's office.

Prescription refills: Refills must be requested at least 4 days in advance. For monthly medication refills, we require 48 hours notice during regular business hours. Please plan accordingly.

Check out: We encourage you to schedule your follow up visit and your next well visit at the time of check out with the front desk.

Lab services: In-office services at Healthy Kids Pediatrics include hearing and vision screenings, urinalysis, rapid strep and rapid flu tests, umbilical cauterization, ear cleaning, tympanometry, and pulmonary function tests. Some insurance companies do not cover these services. You will be responsible for all payments not reimbursed by your insurance company unless you inform us prior that your insurance does not cover such tests.

Late for appointments: If you are late for an appointment, ("late" is arriving 10 minutes or more after your appointment was scheduled for) you have two options: you can reschedule the appointment or you can wait for the next available appointment. Since all visits are by appointment, we feel it's important that everyone's time is respected.

Missing an appointment: We will contact you to remind you of your appointment 1-2 days prior to your appointment. However, you are still responsible for keeping your appointment time even if we cannot reach you. If you fail to show up for a scheduled well visit appointment and do not call 24 hours in advance to cancel it, you will be charged a "no show" fee of \$100.00 for a well visit or \$25.00 for a sick visit.

Consent for treatment without parent present: Healthy Kids Pediatrics will agree to medically evaluate and or treat your child in your absence as long as you sign a consent form.

Prenatal consultations: Group prenatal visits are scheduled one Saturday each month from 8:30 - 9:00 am. Please call for more information. If you choose Healthy Kids Pediatrics, please call your insurance company to enroll your child within 30 days of your child's birth.

Vaccine policy: Healthy Kids Pediatrics strongly believes in the importance of vaccinating your child. The immunization of children against a multitude of infectious agents is one of the most important health interventions of the 20th century. Weighing the pros and cons of immunization and based on current

medical evidence, we fully support the current complete immunization schedule. Feel free to discuss immunization questions with your provider. If your insurance policy does not cover immunizations, you will be responsible for the charges.

Transfer of records: If you would like to 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. A copy of your complete record is available for \$0.75 per page, up to \$25.00. We provide your child's records for visits rendered at Healthy Kids Pediatrics only. For any previous records, you must request them directly from your previous doctor(s).

Refund policy: Healthy Kids Pediatrics will process refunds within 4-6 weeks.

PATIENT RESPONSIBILITY

1. INDIVIDUAL'S FINANCIAL RESPONSIBILITY

*I understand that I am financially responsible for my health insurance deductible, coinsurance or non-covered service (i.e. rapid strep and flu tests, urinalysis, vision and hearing, umbilical cauterization, ear cleaning, tympanometry, pulmonary function tests). For any hearing and vision charge that the insurance does not cover, I will be charged \$10. If I do not wish to have the hearing and vision done at the well visit, it is my responsibility to let the Medical Assistant know and I can sign a declination form.

*Co-payments are due at time of service. Any co-pay that is not paid at the time of service is subject to a \$5.00 fee.

*In the event that my health plan determines a service to be "not payable", I will be responsible for the complete charge and agree to pay the costs of all services provided.

* If I am uninsured, I agree to pay for the medical services rendered to me at time of service.

* I understand that there is a \$100.00 fee for any missed well visits that have been confirmed and not cancelled 24 hours in advance.

* I understand that there is a \$25.00 fee for any other sick or missed visits that have been pre-scheduled and not cancelled 24 hours in advance.

* I understand that there is a charge of \$25.00 per form for daycare centers, school, work, sports, camp, early intervention, and pre-operative clearance if the form is not submitted at the time of my child's visit. The fee for a Family Medical Leave form will be \$50.00. Payment is due at the time of requesting the form and forms will not be returned until payment has been received. Forms will be returned within 1 business day.

* I understand that if my insurance company does not cover my phone calls and/or electronic communications with the HKP providers, the following charges will apply;

Phone Calls: \$25 (5-10 minutes) \$35 (11-20 minutes) \$45 (21-30 minutes)

Electronic Communications: \$15 (5-10 minutes) \$25 (11-20 minutes) \$35 (21-30 minutes)

* We remind you that it is your right and your responsibility to contact your insurance company to find out which services are and are not covered by your specific insurance policy. Furthermore, the services we provide to your child during well and sick visits are in direct accordance with the American Academy of Pediatrics guidelines. However, you have the choice to refuse a particular non-covered service.

* I understand that if I have any other concerns outside the scope of my child's routine well visit that I will have to either pay the appropriate co-pay or schedule another appointment.

* I understand that there is a \$25.00 per form fee for daycare centers, school, work, sports, camp, early intervention, and pre-operative clearance if the form is not submitted at the time of your child's visit. The fee for a Family Medical Leave form will be \$50.00. The fee for a letter that needs to be written on a patient's behalf will be \$25.00. Payment is due at the time of requesting the form and forms will not be returned until payment has been received. Forms will be returned within 1 business day.

* Please keep in mind that collecting a co-pay is a mandatory part of our contract with the insurance

* I understand that I can pay any outstanding bills or balances due online by visiting the "Forms and Payments" page at www.HealthyKidsNJ.com. Payments can also be made in-person via check, cash, or credit card in-person at the office. *Please note that we are unable to accept payments via the patient portal.

2. INSURANCE AUTHORIZATION FOR ASSIGNMENT OF BENEFITS

I hereby authorize and direct payment of my medical benefits to Healthy Kids Pediatrics on my behalf for any services furnished to me by the providers.

3. AUTHORIZATION TO RELEASE RECORDS

I hereby authorize Healthy Kids Pediatrics to release to my insurer, child protective agencies, or any other entity financially responsible for my medical care, all information, including diagnosis and the records of any treatment, or examination rendered to me needed to substantiate payment for such medical services, as well as information required for precertification, authorization, or referral to other medical providers.

Signature of Patient, Authorized Representative or Responsible Party Date

Print Name of Patient, Authorized Representative or Responsible Party Relationship to Patient