**PEDIATRIC ASSOCIATES OF WATERTOWN, PC**

**CLINIC POLICIES AND PROCEDURES AGREEMENT**

Below are our important policies you need to review and be aware of to maintain our trusting professional relationship with you and your child. PLEASE INITIAL EACH POLICY, indicating you are aware of them and agree to abide by them. Inability to follow these policies may result in dismissal from the practice.

**FORM/PAPERWORK REQUESTS**

If you are requesting any type of paperwork such as school forms, shot records, etc, this could take up to 5 business days in order to process them for you in time. Some forms may require an appointment to be completed or reviewed.

Currently, we do not charge for forms to be filled out.

\_\_\_\_\_\_\_\_\_ Authorized person initials indicating agreement

**PERMISSION RELEASE FORMS**

If you would like for someone other than yourself to bring your child for treatment, we MUST have the necessary release forms completed by the legal guardian before the child can be seen. It is your responsibility to ensure that if someone else brings your child in to be seen they must have the insurance card and their photo ID, as well as the copay or co-insurance payment.

\_\_\_\_\_\_\_\_\_ Authorized person initials indicating agreement

**NO CELL PHONES OR DISRUPTIVE BEHAVIOR**

Please turn off all cell phones while in the office. It is your responsibility to let anyone you have consented to bring in your child/children made aware of our ‘no cell phone’ policy. There is also a zero-tolerance policy for cursing and rude/disruptive behavior, which will result in dismissal from the practice

\_\_\_\_\_\_\_\_\_ Authorized person initials indicating agreement

**APPOINTMENT CANCELLATIONS AND RESCHEDULING**

If you are unable to keep your appointment, please call us ASAP to cancel or reschedule. This will allow us to care for another family that day. It is our policy to charge $25.00 to families that don’t give 24 hour notice to cancel an appt or miss their appt. Please arrive 10 minutes prior to your scheduled appointment. If you are more than 10 minutes past your appointment time, we will reschedule you to the next available time.

We reserve the right to dismiss all family members after 3 missed appts without a 24 hour notice.

\_\_\_\_\_\_\_\_\_ Authorized person initials indicating agreement

**APPOINTMENTS REQUIRED FOR ALL VISITS**

When your child needs to see their provider, please call in advance to schedule an appointment. If your child needs a sick visit for the same day, call us ASAP so that we can accommodate your needs. We keep a percentage of appt times open for Same Day Call Ins and these may fill in quickly. All same day appts. are scheduled on a priority basis. We will do everything we can to see your sick child on the day you call, as we believe your child should be seen by us, their Medical Home. If your child has a life-threatening emergency, CALL 911.

Pediatric Associates of Watertown, PC does not discriminate on the basis of age (with the exception of being beyond the scope of practice of Pediatrics), gender, race, sexual orientation, creed, religion, disability or national origin.

\_\_\_\_\_\_\_\_\_ Authorized person initials indicating agreement

**FINANCIAL AND INSURANCE**

You hereby authorize treatment and assignment of your insurance benefits for claims to be paid to Pediatric Associates of Watertown, P.C. for medical services rendered.

If we do not participate with your insurance, we will Courtesy Bill that insurance for you. However, you will be responsible for any payment due.

Payment is required at the time of the visit, by the accompanying parent or adult. This includes co-pays, co-insurance, deductibles and charges not covered by your insurance. Knowing your insurance coverage is your responsibility. We accept cash, check or most major credit cards. There is a service charge of $20.00 for returned checks.

Accounts that are overdue by 30 days from the date payment was due will be charged 1.5% interest on the total amount.

Failure to pay your bill in a timely manner may result in turning your account over to a Collection Agency and dismissal from the practice.

We require your insurance card and ID for every visit

\_\_\_\_\_\_\_\_\_ Authorized person initials indicating agreement

**REFILLS AND REFERRALS**

Please be advised that referrals may take up to 2 weeks and although some may take less time, we ask that you wait 2-3 weeks before calling us to check on the status. Repeated phone calls only delay the process further.

Please note that any and all prescription refills must be called in a minimum of 3 business days prior to needing a refill.

Filling prescriptions may take up to 3 business days to fill.

For certain medications such as ADD/ADHD meds, anxiety meds, asthma meds, your child will be required to maintain regular office visits for monitoring in order to get these meds refilled.

***We cannot refill routine medications (asthma, ADD, acne etc) unless your child has a yearly physical with Pediatric Associates of Watertown***.

\_\_\_\_\_\_\_\_\_ Authorized person initials indicating agreement

PLEASE NOTE: IT IS IMPORTANT FOR YOUR CHILD’S CONTINUITY OF CARE THAT WE, AS YOUR CHILD’S MEDICAL HOME, PERFORM A YEARLY PHYSICAL. School physicals are not accepted as proof of yearly physicals. Refusal to schedule yearly physicals may result in discharge from our practice.

\_\_\_\_\_\_\_\_\_ Authorized person initials indicating agreement

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Signature of Parent/Legal Guardian Printed Name of Parent/Legal Guardian and relationship Date signed