

North Shore Children's Healthcare Office Policy

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

Appointments:

We value the time we have set aside to see and treat your child. If you are unable to keep your scheduled appointment please call our office 24 hours in advance to reschedule. This will allow us time to provide that time slot to another patients.

If you are more than 15 minutes late for your appointment, we will do our best to accommodate you, However, on certain days it may be necessary to reschedule your appointment.

We strive to minimize any wait time; however emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.

Before making an annual physical appointment, check with your insurance company as to whether the annual physical visit will be covered on your appointment date. New York State Law states that schools must accept this physical for school and sports as long as it has been completed within the last 365 days.

At the time of your visit:

Please sign in at the front desk and present your current insurance card at every visit. Please be sure one of our providers is the designated PCP on your plan (if required) before your visit. If the insurance company that you designate is incorrect, you will be responsible for payment of the visit.

Co-payments are due at the time of service. A \$10.00 service fee will be charged in addition to your copayment if the co-payment is not paid by the end of that business day. Self-pay patients are expected to pay for services in full at the time of the visit.

After Hours Care:

An on call Provider from our group is available 24 hours a day 7 days a week. If your child requires care after hours please call us at 1-888-827-1804.

Forms:

A school/ camp form is provided at no cost at every physical examination. If forms are required at other times, please allow 48 hours for the completion of all paper work.

Referrals:

If your insurance plan requires a written referral for your child to see a specialist you must allow 3 business days for us to submit the referral. Only emergency referrals will be completed in the same day. Retroactive referrals cannot be written and will not be honored.

In general, we will not agree to a referral for a problem we have not been consulted about first. After you have been referred by our office to a specialist, please make your appointment and then call our office for your written referral. Please have available: the name, phone and fax number, and provider ID number of the doctor you will be seeing along with your child's insurance ID number. If a referral form is not presented at the time of service to the specialist, the patient may be responsible for payment in full at the time of service. It is important that as questions arise you contact your insurance company directly for clarification.

Prescription Refills:

For monthly medication refills, we require 48 hours notice during regular business hours. Please plan accordingly. Please have available the medication (brand or generic) the dosage amount, and how it's taken.

Transfer of Records:

If you transfer to another physician, we will provide a copy of your immunization record to your physician, free of charge, as a courtesy to you. Please allow us 72 hours to process this request.

A copy of your complete record is available for a fee of \$0.75 per page.

We provide copies of your child's records which were rendered here at North Shore Children's Healthcare only. For any previous records, you must request them directly from your previous doctor(s).

North Shore Children's Healthcare Office & Financial Policies

I have read and understand the office and financial policies of North Shore Children's Healthcare and agree to comply and accept the responsibility for any payment that becomes due as outlined in these policies.

Patient Name(s) _____

Responsible Party Member's Name _____ **Relationship** _____

Responsible Party Member's Signature _____ **Date** _____