

Arundel Pediatrics

Office Policies

Thank you for choosing our practice. We want to make your experience at Arundel Pediatrics a positive experience.

Due to the complexity of insurance, we feel that we can no longer assume that patients fully understand the relationship between the insurance company, the physician and their personal insurance policy. In an effort to define these matters more clearly, we have developed a set of guidelines regarding office policy, financial responsibility, and general office information. If you have any questions, please ask an office staff member for assistance.

HOURS OF OPERATION/PHONE HOURS

Office hours: Monday - Friday 7:30 am - 7:00 pm Phones: 7:30 am - 6:15 pm
Office hours: Saturday 9:00 am - close Phones: 8:00 am - close

Please note that Saturday hours are same day sick only and are on a first come first serve basis. It is a good idea that if you are planning on scheduling a Saturday appointment be sure that you are prepared to come to your appointment prior to scheduling. These appointments are scheduled in time sequence and are given out in 10 minute increments. Being prepared for your appointment allows us to accommodate as many sick appointments as needed in a short period of time.

Please note that in the event of the office closing during regular business hours for any reason (holidays, weather, emergent issues, etc...) there will be a recording on the phone in place of our regular office recording. If you reach this message it is safe to assume that we are not in the office. Please do not leave any urgent messages on the machine as they will not be checked until the next open business day. If it is an emergency and can not wait, please seek the proper and most appropriate medical care needed or you may have the doctor-on-call paged at 443.481.1000. Please know that our doctors are on call 24 hours a day 7 days a week for issues that absolutely cannot wait.

Emergency Physician on Call 443.481.1000
Ask-a-Nurse 443.481.4000

EMERGENCIES

Call 911 or go directly to the closest emergency room. The emergency room will contact your physician.

APPOINTMENTS

Appointments are scheduled to accommodate the physician's schedule so that they may provide the best care for their patient. We recommend that you schedule Well Visits, Sports Physicals, ADHD and ADD Reviews and Consults two months in advance as they do book rather quickly. Same day sick visits are given on a first come first serve basis.

CANCELLATIONS & NO SHOWS

Well Visits, ADHD and ADD Reviews, Sports Physicals and Consults require no less than 24 hours notice of cancellation. Same Day Sick Visits require no less than 3 hours notice. Patients who no-show for a double visit will be restricted from scheduling double appointments in the future.

We will charge you, not your insurance company, a no show/cancellation fee of \$25 in the event that you either miss your appointment or do not allow the amount of time required for cancelling the appointment.

In the event of 3 No Shows, you may be dismissed from our practice.

PRESCRIPTIONS

Arundel Pediatrics processes prescription refills on weekdays only. We do not process prescription requests on weekends. When requesting refills, your chart has to be reviewed by your physician before a prescription can be filled. Our office requires 3 business days to process a prescription request. Prescriptions may be requested over the phone or online at our website. www.arundelpediatrics.com If your child is on a medication that is refilled on a monthly basis, please plan accordingly when requesting prescriptions. We will not mail prescriptions unless a self-addressed stamped envelope is provided. Controlled substances cannot be called into a pharmacy. Same day or rush prescriptions for routine medication refills are available for an expedited fee of \$10.

FORMS

School, Daycare, Sports physical and other forms require 3 business days to complete unless presented at the time of a well child visit. Forms dropped off except during well child visits require a \$10 processing fee. For rush or same day turnaround of forms, there is an additional rush fee of \$10 (for a total of \$20). We do not mail or fax forms, but you may provide a self-addressed stamped envelope for mailing.

REFERRALS

Our office requires 5 business days to process a referral. You may go to our website www.arundelpediatrics.com to request referrals or you may phone a request to the office referral line. Please leave all pertinent information for the referral to be processed. Your referral may not be processed if all information is not given at the time of the request. The referral will be faxed to the specialist once it has been processed. Referral requests are only honored prior to the patients appointments. We will not backdate referrals. We are under legal obligation to all insurance companies to process referrals according to Maryland State Law.

QUESTIONS FOR THE DOCTOR

If you have a question about your child, you may leave your physician a message on their voicemail. Please leave specific details about your child and what you are calling about on the voicemail. These mailboxes are checked periodically throughout the day when the physician is in the office. Please do not leave emergency or urgent matters on the physician's voicemail. In the event of an emergency, contact us at 410.789.7337 and relay the message to the front desk staff so that it may be handled in a timely and appropriate manner.

INSURANCE, DEDUCTIBLES, CO-INSURANCE & CO-PAYS

Arundel Pediatrics currently participates with most insurance companies. Please check with the staff to verify our participation in your insurance plan. You must have your

Primary Care Physician (PCP) selected on your child's insurance card at this location for your child to be seen on any date of service. You must present your most recent insurance card at each visit to verify the correct information.

Depending on your insurance plan, you may have a co-pay, co-insurance or a deductible due at the time of your visit. A Co-pay is a set dollar amount that you owe at the time of each visit. A Co-insurance is an amount required by some insurance carriers that is above the deductible and co-pay amounts. A Deductible is a set amount that you owe before your insurance begins paying toward your services. *Co-pays are due at the time of service. If you refuse to pay your co-pay at that time, you may be denied care for that date of service. Any balances that you may have will be collected when you visit our office.*

UNINSURED PATIENTS

We are always happy to care for uninsured patients. Our office policy for uninsured patients is as follows:

Well Visits and Consults are \$150 at the time of service and you will be billed for any remaining balance.

Sick Visits are \$100 at the time of service and you will be billed for any remaining balance.

METHODS OF PAYMENT

For your convenience, we accept cash, personal checks, MasterCard and Visa. There is a \$25 fee for all returned checks.

MEDICAL RECORDS

In the event of transferring of care to another practitioner, you may request for your medical records to be copied for transfer. You must sign a Release of Records Authorization for the chart and pay a chart copy fee (inquire about fee as it fluctuates per Maryland State Law). We will copy the chart and you must sign and transport it to the new physician. We will not mail or fax medical records under any circumstances.

COLLECTION EFFORTS

We will make every effort to work with you to make payment arrangements should your bill become outstanding. As a courtesy to you, we will file claims with your insurance carrier. You are ultimately responsible for the charges for the services provided to you. You will receive a monthly statement reflecting balances still outstanding from your insurance carrier for which you are responsible. In the event that your account becomes outstanding, your payments must be regimented to clear your account within a six month period. *If you do not meet your financial obligation, and you refuse to pay on your balance, we reserve the right to refuse care for any and all subsequent visits.* I am aware that I am responsible for my bills in the event the insurance company denies any claims.

I have read and understand the office policies and procedures and agree to adhere to the specific guidelines outlined above. I am aware that if I do not comply with above stated guidelines, Arundel Pediatrics reserves the right to terminate care.

Patient Name: _____ DOB: _____
Signature: _____ Date: _____

