# **Young Pediatric**

#### **Appointment Policy**

It is our intention to provide your children the best care possible at all times and to accommodate as many requests as is realistic and feasible. It is within this context that we ask you to take a few moments to review policies that affect the way services are provided.

- Arrive early. Please remember that all insurance requires that your insurance data be updated prior to each encounter. This usually takes a few minutes. If this is not done, your insurance may deny your claim. We do not want time spent on administrative requirements to limit your time with the doctor.
- Schedule an appointment by calling 618-288-9305 option #1. Walk-in patients are offered the first available appointment. There is a \$ 15.00 fee for this service, in addition to visit fee, and it is not covered by insurance and is due at time of service.
- Schedule same-day appointments for ill visits. Appointments are used on a first-available appointment basis.
- Patients who arrive on time are seen at their appointment time. Patients who have arrived on time will be seen ahead of those who arrive late. If you arrive late, we may need to abbreviate or reschedule your child's visit.
- Call ahead if you are late or unable to make your appointment time. We will do all that we can to accommodate your child's appointment and to minimize the need to reschedule your appointment.
- Late arrivals ( $\geq$ 5 minutes after scheduled appointment) will be offered the next available appointment. In these cases, a no-show charge for the lost appointment may apply. While we will do all that is possible to accommodate requests, the first-available appointment may *or may not* be on the day the appointment was missed.
- The no-show charge will be waived if you contact the office 24 hours before your appointment. Remember that appointments canceled more than 24 business hours prior to when they were scheduled do *not* incur a no-show fee.
- Appointments for additional children should be made by phone prior to coming to the office. An additional \$10.00 charge is applied for the add-on appointments. If you would like another child to be seen, please schedule appointments for *both* children *by phone* prior to coming to the office.
- Turn off/Silence cell phones in the office and examination rooms.

### **After-hours Call Service**

- Please limit after-hour calls to urgent issues and emergencies. For refills, appointment requests, and other non-urgent matters, you may call the office during regular hours. Prescription requests left on voicemail after 4pm will be retrieved the next business day.
  - Please also do the following when leaving a message:
  - Please speak slowly.
    - Leave your child's name and Date of Birth
  - Be sure to leave a callback number.
  - Disable your call block feature.
  - Follow the doctor's instructions.

We are here to provide the *best* care we can to your children should the need arise. As always, we welcome the opportunity to care for your children and appreciate your trust in the services we provide.

# **Disclosure of Health Records**

- Complete Health records will be released with a signed consent from a parent or legal guardian if the patient is < 18 years of age.
- Complete Health records will be released with a signed consent from the patient if ≥ 18 years of age.
- With the appropriate consent we will release complete records one time as a courtesy
  with no charge to another physician. Records released to another physician after the
  first time or to an individual will be charged a \$25 processing fee.
- Partial records to be sent to a specialist our providers have referred you to do not require a signature and no fee is applied.
- Shot records or school forms can be released to parent in person or faxed to school/daycare with a documented verbal consent from parent/legal guardian or patient (if >18 yrs).

# YOUNG PEDIATRICS 4804 SOUTH STATE ROUTE 159 GLEN CARBON, IL. 62034

618-288-5502-BILLING PHONE

618-288-9308-FAX

## **Billing policies**

#### Co-pays

All co-pays are due at the time of service. If they are not received, they are subject to an extra \$10 charge for extra billing procedures that will need to be performed. This charge is the responsibility of the patient, and will not be billed to the insurance company as the co-pay is the patient's responsibility.

#### **Collection Clause**

In the event the responsible party fails to pay pursuant to the terms of the contract Young Pediatrics reserves the right to pursua all available legal remedies pursuant to the laws of the State of Illinois. Should your claim be referred to a collection agency and/or attorney for collections, the customer will pay all necessary costs of collection, along with all legal fees with interest to be accrued at the annual rate of 10 % per annum. At this point, the relationship between provider and patient (entire family) will be terminated. Phone calls and letters are sent out as a courtesy prior to being handed over to the collection agency. If no response in the designated time frame, they are sent on.

#### **Monthly Payments**

Payments must be made at each visit, <u>or at a minimum of regular monthly payments</u> may be set up. Contact our billing office for details. <u>Termination of professional relationship (entire family) will result with non payments</u>.

#### No Show Charges

Patients will be responsible for the \$25 no show/no call charge for not cancelling appointments 24 hours prior to the appointment. Termination of our professional relationship (entire family) will result for multiple no shows. See above about payments. Reminder calls are done as a courtesy when time permits, however, they are not MANDATORY and ultimately, it is your responsibility to keep track of your child's appointment.

#### **Return Check Fees**

There is a return check fee of \$35 per check returned from your institution. This is necessary due to the fact we are charged by our financial institution. After checks have been returned, the family will then be placed on cash/credit or debit only for payments.

#### Non-covered/Patient Responsibility Services

There may be test, procedure or surveys completed during an office visit that is not covered by your insurance or is covered and applied to patient responsibility, coinsurance, or deductable. It is your responsibility to know your individual policy and you are responsible for payment of these charges.

#### Changes

ANY changes of insurance, address or phone numbers must be given at the time of visit or prior by phone. Current insurance cards must be presented at each visit. If an insurance change is made, we must have all the information...ID#; Group# & Billing mailing address (on back of card) as well as Parent carrying the insurance with their birth date & SS#. If multiple insurances, which is primary?

We hope this information will help all our patients to prevent any poor experiences or confusion with your insurance company for you. We are dedicated to make the health of your child a priority and easy experience, while providing the best care for your child.

Thank you for choosing Young Pediatrics. We are always willing to help with any questions you may have.

#### **UPDATED 03/2020**

# **Young Pediatrics**

4804 South State Route 159 Glen Carbon, Il 62034 PH: 618.288.9305

Fax: 618.288.9308

## **Appointment & Immunization Schedule**

Revised March 2020

Growth and Development are checked at each Well Child (WC) appointment Parents are responsible to make appointment for each age listed.

1 week – WC apt only 1 month - WC apt only

2, 4, & 6 month - WC; DTaP, HIB, Polio, Hep B, Prevnar, and Rotovirus (2 and 4 month only)

\*9 month - WC;

\*12 month - WC; MMR, Varivax, Prevnar Hgb and Lead (if needed)

15 month - WC; DTaP, HIB TB (if needed)

\*18 Month - WC; Hep A Hgb and Lead (if needed)

\*24 month - WC; Hep A

\*30 month - WC apt only

At 3 years of age yearly WC and the following immunization schedule.

4-5 year - DTaP, Polio, MMR, Varicella (Chicken Pox)

6-10 years - WC apt only

11 year - Tdap, Meningitis, HPV (2<sup>nd</sup> dose 6 months after 1<sup>st</sup>)

12-18 years - WC apt each year, Meningitis booster @ 16 years needed)

\*Ages and Stages Questionnaire administered

School Physicals are required for Kindergarten, 6th and 9th grades

DHS Forms are required for all licensed Day Cares and Preschools and must be updated yearly

Sports Physicals are required for 6th grade and up who participate in a school athletic program

Please call to schedule school and sports physicals at least 4 weeks prior to start of school/sport deadline.