



Pediatric Associates of New York City, PC

Office Policy & Procedures

Office hours are: Monday – Thursday from 8am to 8pm, Friday from 8am to 6pm and Saturday/Sunday/Holidays open for sick visits only. Appointments are not scheduled ahead of time for these days, which are reserved for emergent medical issues. Please call after 9am for an appointment.

Check if we are in your network – For 1st time 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 if our physicians are listed as providers within the networks that you are considering.

Routine well visits are scheduled from 9:00AM – 5:30PM Mondays through Thursdays and on Fridays from 9:00AM – 5:00PM. Well child care visits are scheduled according to the guidelines of the American Academy of Pediatrics. Please note that this schedule may be different from the one devised by your insurance company.

Prenatal Consultations are scheduled on request during routine visit hours. We allow one prenatal consultation free of charge per family as a courtesy. Also, please note that Dr. Sol Zimmerman does not do prenatal visits.

Sick visits - If your child needs to be seen because of an illness, same day appointments during office hours are always available. Please call ahead to obtain a time. Should your primary physician be fully booked or out of the office, you will be able to see another physician in the practice. **If you scheduled an appointment for an illness, please note that a full check up cannot be done at that appointment. Please schedule separate appointments for that purpose.

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.

Cancellations – We do understand that in today's busy world occasionally situations come up that are beyond our control. In those instances, we do request you extend us the courtesy of 24-hour notice. Pediatric Associates of NYC will charge \$50 for missed appointments and cancellations received less than 24 hours prior to appointment time, except for cases of medical emergency. Failure to support this policy can lead to you being discharged from the practice

Late for an appointment – We realize that days do not always run as smoothly as planned and we apologize. When a patient is late for an appointment, you have two options: reschedule or fit in as a walk-in. If we can, we will fit you in as a walk-in and you will be seen as and when time is available. We run a tight schedule and cannot delay those who are on time.

Missing an appointment – We cannot stress enough how important it is that you come to your appointments. We try to call and remind you of the appointments 1-2 days prior to your appointment, as a courtesy. However you are still responsible for keeping your appointment time even if we cannot reach you. If you don't show up for a scheduled appointment and do not call, you will be charged a no show fee of \$50

Appointment notes – We do our best to run on schedule, as we realize that your time is also valuable. There are many ways you can assist us in staying on time:

- Please be on time for your appointment
- Walk-in appointments are strongly discouraged. Same day visits for illnesses are available provided you phone first
- If you schedule a visit for one child, please bring that child only. If more than one child needs to be seen, please inform us so that enough time is allotted for you.

Consent for Treatment without parent present – PANYC will agree to medically evaluate or treat your child in your absence as long as you sign a consent form.

Credit Card Authorization – As you may be aware, the current economic downturn has resulted in employers selecting health care insurance policies that have increasingly transferred costs to you, the insured. It is cost prohibitive for us to participate in managed care and have to bill both the insurance company and you, the patient. In order to continue our participation in managed care and accept your insurance, we are phasing out patient billing. **We are requiring that patients leave a valid open credit card with a signature on file, authorizing PANYC to bill that card for the “patient responsibility” amount identified by your insurance company.** This amount is clearly listed on the Explanation of Benefits (EOB) form which is supposed to be sent to you by the insurance company after each visit. Credit Card information will be swiped into a professional, secure credit card gateway and no credit card information will be kept by PANYC. PANYC will send you email notification whenever your card is charged.

Camp & School Forms – We will complete a health, camp or school form if the patient has had a well check within the last 12 months. All required medical forms must be submitted at least 2 weeks in advance in order to ensure that all paperwork can be completed. During peak times (summer camp & back to school rush) at least 4 weeks should be allowed. Our system will generate a generic form for both camp and school, should you require an individual form completed there will be a \$20 fee that must accompany the form. Please note that we do not accept faxed forms and are no longer doing expedited forms. Once completed forms will be mailed back to you.

Phone Calls – We receive a large number of phone calls each day. When calling us, please let us know if you are calling about a medical concern, appointment, medication refill or referral. For routine questions or concerns, we recommend calling between the hours of 10:30AM and 2:30PM.

Referrals – Referrals must be requested at least 3 days prior to your appointment unless the visit is an emergency. Referrals can be faxed directly to the doctor or picked up at our office. If you do not request a referral prior to seeing a specialist, we will not backdate a referral. This violates our contract with the insurance company. Without a valid referral you could become responsible for payment of any charges incurred at the specialist's office.

Prescription Refills must be requested at least 3 days in advance. Please make sure to provide us with all the necessary information when calling us, such as the pt's name, DOB, exact name, strength and dosage of medication along with the pharmacy number. Also please make sure to provide us with a phone number where we could contact you should we need to verify any of the information.

Check In – When arriving at PANYC, please sign in at the front desk. If you are part of a managed care plan, you will be asked for your insurance card at each visit. Full payments for all co pays are expected at the time of service.

Check Out - Follow up and routine appointments may be made at the desk during check out. For self paid patients payment may be made by check, or credit card. We accept American Express, Visa, MasterCard and Discover.

Lab Services – Within our practice we have a full service laboratory on site. Oxford members are required by their insurance company to go to an outside lab for routine blood work with exception for Bilirubin testing on newborns. We do offer Oxford members the option of having the blood work done in our office for an additional fee of \$40. Take note that Pediatric Associates of NYC uses a policy of “No News is Good News” where if your labs come back with normal values (results within the normal limits) we will not call you back. Of course should you wish to get results for tests ordered or blood work drawn at our office please allow a minimum of 3 days before calling back for results.

Medical Records – Your medical records are strictly confidential. The Health Information Portability and Accountability Act (HIPAA) restricts us from releasing any information without your written permission. There may be times when you may need to request a copy of your medical records. There is no charge for 1st time records being sent to another facility but please notify us as soon as possible. Legally we have 30 days after we receive written authorization from the patient to release the records. We incur an expense to provide you with this service and that cost will be passed on to you for any additional set of copies requested. Our fee for copies is \$0.50 for each page. Payment will be expected before the records can be released.

Vaccine Policy – PANYC strongly believes in the importance of vaccinating your child and does not accept families who are unwilling to vaccinate their children. This is against our philosophy of high quality, preventive medicine. The immunization of children against a multitude of infectious agents is the most important health interventions of the 20th century. Weighing the pros and cons of immunizations and based on current medical evidence, we fully support the current complete immunization schedule. Feel free to discuss immunization questions with your physician

Payment Policy - Payment for services is expected at the time of your child's visit. This includes co-pays, balance from prior visits and payment in full when we are not contracted with your insurance carrier. We accept checks and credit cards (Visa, MasterCard & American Express). The accompanying parent or other adult is responsible for full payment and providing current insurance information. You may elect to keep credit card information on file to speed the check-out.

Refund Policy – PANYC will process refunds within 4-6 weeks.

No Show Policy/Cancellation Policy

I understand that PANYC will charge me \$50 for any missed appointments that are not cancelled at least 24 hours in advance.

Initials_____

Form Policy

I understand that PANYC will provide my child with a generic medical form free of charge. Should I need an individual form completed PANYC will complete this form for a fee of \$20 per form.

Initials_____

CC Authorization Policy

I authorize PANYC to keep my signature on file and to charge my card for the balance of charges identified by my insurance company as patient responsibility.

Initials_____

Missed Co pay Fee

I understand that PANYC will charge me a \$5 missed co pay fee for any co pays not paid at the time of service.

Initials_____

FOR OXFORD MEMBERS ONLY:

Oxford - Lab Policy

I understand that Oxford requires that I go to an outside lab for routine lab services where I would have no out-of-pocket expenses. I am requesting that my child's blood testing be performed at the laboratory of PANYC whenever necessary for a charge of \$40.

Initials_____

Financial Policy

I understand that payment for services is expected at the time of my child's visit. This includes co-pays, balance from prior visits and payment in full if they are not contracted with my insurance carrier. I agree to be financially responsible for any non covered services.

Initials _____

I have read and understood the office policies and procedures of Pediatric Associates of NYC.

Patient name (Print) _____

Parent/Guardian (Print) _____

Signature
(Parent/Guardian) _____