



### Pediatric Clinic Policies

Please read these policies carefully as they will serve as standards in our practice. If you have any questions please refer them to the office staff.

1. **Missed/Late Appointments.** After 3 missed or broken appointments you will be dismissed from the practice. Patients arriving more than 15 minutes late for their appointment will be asked to reschedule.
2. **Please NO food or Drinks in our office!**
3. **Due to limited space, NO MORE than 2 adults should accompany each child.** If you have more than 1 child visiting our office we still ask that only 2 adults attend each visit.
4. We understand that waiting can be difficult for children, however, we ask that you be courteous to the other parents controlling your children. We also ask that when visiting our office you ensure your children are clean and neat.
5. **Return Check Policy.** You will be charged a \$25 fee for any check returned by your bank for Insufficient funds or Closed Account. Once notified, you will be expected to make full payment within 10 days. Repeated offences will result in CASH ONLY payment arrangements.
6. **Co-Pays and Fees.** Fees and other financial obligations are due when services are rendered.
7. **Nurse/Triage Calls.** Please remember that our nurses are busy taking care of scheduled patients. All attempts will be made to return calls as soon as possible. If you feel your concern can't wait please make an appointment to see the physician, or if the situation is urgent/emergent go to the emergency room.
8. **Medication Refills.** Please allow 72 hours for ALL medication refills. To ensure your child does not run out of his/her medication(s), please monitor their supply closely. For certain medications, such as those to treat ADHD and Asthma, your child may need to be seen before a refill can be authorized.
9. **Shot records/Physical Forms.** Our office observes a 24 hour police for all shot record and physical form requests. Please keep this in mind when requesting these items. Also, we do not routinely fax these documents. You will need to stop by our office and pick-up these items.
10. **Medical Records.** For copies of medical records given to the parents/patient there will be a \$1.00/page charge. Records forward to other physicians will be done as a courtesy. Please allow 7-30 days for these copies, as we need time to confirm all charting is done.
11. **Same Day Sick/Call in appointments.** Will be fit onto the schedule with a minimum of 45-60 minute wait time.

I have read and understand the above policies. I understand a copy of this letter will be placed in my child's record.

\_\_\_\_\_  
Parent/Guardian Signature

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Parent/Guardian Printed

\_\_\_\_\_  
Date