



## Windhaven Pediatrics Office Policies

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Payment:**

Payment is due at the time of service. If you have insurance, your co-pay and/or deductible, along with any co-insurance amount due will be collected prior to you seeing the physician. We accept MasterCard, Visa, Discover, Cash, and Check. There is a \$30.00 service charge for returned checks. Please have your insurance card and driver's license available at each visit.

**Initials** \_\_\_\_\_

**Insurance:**

Your insurance policy is a contract between you and your insurance company. It is your responsibility to make sure our office is listed with your insurance company.

If you have a policy change, you must contact our office within 24 hours of your appointment to avoid any delays. In the event your health plan determines a service to be "not covered" you will be responsible for the complete charge. If we are not contracted with your health plan, you will be required to pay in full at the time of service.

**Initials** \_\_\_\_\_

**Delinquent Accounts:**

Delinquent accounts will be reported to our collection services. Please let us know if your payment will be late or if a payment arrangement may be needed. Our desire is to help you.

**Initials** \_\_\_\_\_

**Late Arrivals:**

In order for the physicians to see their patients in a timely manner, your help in arriving promptly for your appointment is required. We reserve the right to reschedule your appointment to a new date and time if you are more than 15 minutes late. Sick patients more than 15 minutes late **may** be moved to the end of the morning or afternoon, and well check ups **will** be rescheduled to another day.

**Initials** \_\_\_\_\_

**Cancellations/ No Shows / Reschedules:**

Missed appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment time. There will be a charge of \$35.00 after your third NO SHOW appointment. If this continues, we reserve the right to discharge you from the practice.

**Initials** \_\_\_\_\_

**Prescriptions:**

You will need to contact your pharmacy for refills. Refill requests require 24 hour notice, so please plan accordingly. Prescriptions that require a triplicate, (Concerta, Ritalin, Adderall) require 48 hour notice and there is a \$10.00 fee for each prescription refill.

**Initials** \_\_\_\_\_

**Forms:**

School/ Daycare/ Camp/ Physical/ etc. forms may be mailed, faxed, or dropped off to our office. We require 72 hours for completion and we will be happy to mail, fax, or hold them for you to pick up. There is a \$10 charge for FMLA (Family Medical Leave Act) forms.

**Initials** \_\_\_\_\_

**Medical Records:**

We are dedicated to keeping your medical records confidential, and therefore require written authorization for the release. There is a \$25.00 per child charge for the first twenty pages and .50 cents for each additional page thereafter. This fee will not apply if we refer you to another physician. All other reasons, this fee will be applied. Medical records will be completed within 15 business days of receiving this payment, as mandated by the Texas Board of Medical Examiners. (Rule 165.2)

**Initials** \_\_\_\_\_

**YOU WILL BE REQUIRED TO UPDATE PATIENT FORMS ANNUALLY**

**Initials** \_\_\_\_\_