

East Lyme Pediatric Clinic

Office Policies & Procedures

UPDATES: It is essential that we have all your current information including, address, phone numbers, and insurance.

PAYMENT & INSURANCE: You are responsible for bringing your insurance cards(s) to each visit. **PAYMENT IS DUE AT THE TIME OF SERVICE.** We do offer a discount to self-pay patients. Co-payments must be paid at each visit based on your insurance plan. If you have a deductible it is due upon receiving your invoice. Past due balances will be sent to collections after 90 days, however, payment plans are available and can be set up at the front desk.

LATE ARRIVALS: If you arrive **15** minutes or more late for your appointment you will be allotted the next available time slot. If there are no available time slots you will be asked to reschedule your appointment. Please arrive at your scheduled time to ensure you as well as other patients are seen in a timely manner.

NO SHOW: If you cannot keep your appointment due to an emergency, you must call our office to notify us. We reserve the right to charge a **\$100.00** fee for missed appointments. After 3 consecutive missed appointments we reserve the right to discharge you from the practice.

CANCELLATIONS: We require a **24hour** notice to cancel an appointment. We appreciate your understanding in advance.

PRESCRIPTION REFILLS: A 48HOUR NOTICE IS REQUIRED FOR REFILLS ON ROUTINE MEDICATIONS. Please call before your child is out of medication as soon as possible. Children are NOT authorized to call in their own prescriptions unless they are 18 years of age or older.

CONTROLLED MEDICATIONS: Parents are expected to pick up and sign for all controlled medications.

HIPPA PRIVACY ACT: Please remember that we will not release any of your child's confidential health information without your written consent on the HIPPA form (Including but not limited to medications, prescriptions, and visit dates.) This is your child's privacy.

TRANSFERRING RECORDS: If for any reason you need your child's records transferred we will make every effort to copy the records as quickly as possible. We do however have **30 days** to honor your request. The charge is **\$0.45** per page plus the cost of postage if mailed (CT State Law). Payment is due prior to receiving records.

I have read the policies and procedures and understand all the above information.

Parent/ Guardian signature

Child's Full name

Relationship to Patient

Date