



Charles Goebel, D.O • Jenelle Wong, M.D. • Jeffrey Berkowitz, M.D. • Julie Messner, D.O.

Office Policies

Welcome to Pediatric Specialists of Plano! We look forward to providing excellent care for your children. Here are a few of our “rules” that we would like for you to be aware of to facilitate a good relationship between you and your pediatrician:

Office Hours: Our office hours are 8:15am to 4:45pm Monday through Friday. We are also open from 8:15am to 11am on Saturdays (however, we may close early as patient volume dictates).

Appointments: Patients are seen by appointment only. Each child needing examination by the doctor should have an individual appointment. We ask that you refrain from taking video and photos during vaccine administration and other office procedures.

Regular “Well Child” visits are opportunities for your doctor to monitor your child(ren)'s growth and development. If non- “Well Child” concerns need to be addressed at the same visit (i.e. illness or chronic issues, etc), please be advised that due to changes in insurance coding rules additional claims will need to be submitted for sick diagnosis simultaneously, for which you may receive a bill for, even if “Well Child” visits are covered at 100%.

Following consultation with your physician, if vaccines are not given due to parents desire to hold administration you may be liable for the cost of the wasted vaccines, not billable to your insurance.

We will attempt to contact you 2-3 business days prior to your appointment as a reminder. If we are unable to reach you, it is still your responsibility to keep the appointment.

Absences from school will only be excuse by our office if your child has been seen in the office for the illness.

Walk Ins and Late Arrivals: Rescheduling will be necessary if you are more than 10 minutes late for your appointment. We will try to work you in if time allows. There will be \$25 fee for missed appointments (\$50 fee for missed consultation appointments). In addition, any cancellation or reschedule made within 24 hours or less of the scheduled appointment will be charged a \$25 fee.

Telephone Calls: Our nurses/medical assistants are always available during business hours to serve your needs. You can ask to leave a message for any questions you may have. We will attempt to return all calls the same business day; however depending on the daily schedule these calls may not be returned until the end of the day, and they will be returned in order of urgency.

In general, antibiotics will not be prescribed over the phone. If you feel your child may need an antibiotic, he/she will need to be seen.

In case of an emergency, call 911 or take your child to the nearest hospital or emergency room.

After Hours Services: After-hours contact with the nurse/physician is intended for urgent medical problems only. Questions about appointments, billing, referrals, refills, or other issues of a non-urgent nature should be placed during normal business hours. A \$25 fee may be assessed for non-emergent phone calls.

Medication Refills: Patients on medications for ADHD will be seen for check-ups every 6 months, refills for ADHD medications will be provided only if these appointments are kept. Parents/Guardians may call to request a refill for ADHD medications, these prescriptions will be available for pick-up 48 hours after the request has been made. There is a \$5 fee for all controlled substance or ADHD prescriptions.

Medication refills will be provided to treat stable, chronic medical conditions (i.e. asthma, allergies) as long as the patient is established and has been seen for the condition within the past year. Call your pharmacy and have them fax a medication refill request to our office, please allow 48 hours for these refills to be completed.

Fees, Insurance, and Health Plans: You must bring your accurate insurance card to every visit. A parent/guardian must notify the office of changes in address, telephone number, or insurance information. The person who brings the child to the office will be expected to pay at the time of service.

You will be responsible for payment of charges from services rendered if we are unable to verify benefits with your insurance company. Insurance companies require collection of your co-pay or contracted percentage of services at **every** visit. If you have a deductible that has not been met, you will be required to pay for the visit in full. We will file the claim with your insurance company, if you have a balance following insurance payment you will receive a statement from our office. We recommend that you always question your insurance company regarding your benefits first if you have questions about covered services or bills. You may also contact our billing office to assist you with any insurance or account questions.

Balances are due at the time of appointment. Account balances exceeding 60+ days without payment arrangements will be sent to collections. Patients with outstanding balances may be refused further appointments until balances are paid in full or other payment arrangements are made.

We accept cash, check, MasterCard, or Visa. There is a \$25 fee for returned checks.

Medical Records and Miscellaneous Fees: All medical records request require a signed Release of Information and may take up to two weeks for processing. Patient copies of the medical record can be obtained for a fee of \$25 for the first 25 pages, and then 50 cents for each additional page. A condensed medical record consisting of a Health History Summary, Growth Chart, and Immunization Record is available for a \$10 fee. Medical records can be faxed to another physician's office free of charge.

For all additional paperwork, the charges will be as follows: \$10 for each daycare/school/sports physical form, and \$25 for FMLA forms and Letters of Medical Necessity. There is a \$10 fee for forms needed prior to 48 hours.

Violation of office policies may result in dismissal from the practice.

By signing below you acknowledge that you have read and understand the office policies.

Signed: _____ **Date:** _____

Child's Name: _____ **Date of Birth:** _____