**PINEYWOODS PEDIATRICS, P.A**

AMY HUGGINS, D. O.

3614 N. University Drive
Nacogdoches, TX 75965
Telephone (936) 560-9000
www.pineywoodspediatrics.com

## OFFICE POLICIES

We, at PineyWoods Pediatrics, P.A., are committed to maintaining a healthy patient-physician relationship and providing your children with the best care possible. PineyWoods Pediatrics, P.A. follows guidelines set forth by The American Academy of Pediatrics. For more information and other resources provided by our office please log on to www.Pineywoodspediatrics.com. There you will find our policy on recommended vaccinations. Our goals are best achieved if everyone has a clear understanding of our office policies.

### APPOINTMENTS:

Please make every effort to arrive on time for your appointment. Late arrivals (more than 15 minutes after the scheduled appointment time) will be offered the next available appointment. In these cases, a no-show charge for the lost appointment will apply. While we will do all that is possible to accommodate requests, the first available appointment *may or may not* be on the day the appointment is missed.

### MISSED APPOINTMENTS / LATE CANCELLATIONS:

Missed appointments represent a cost to us and to our patients who could have been seen in the time set apart for you. We reserve the right to charge a fee for any appointment cancelled or missed without proper notice. Our office requires at least 3 hours of notice prior to a scheduled appointment time to cancel or reschedule the appointment without penalty. A $25 fee will be charged for each of the first two missed appointments. After a third appointment is missed without appropriate notice, our professional relationship will be compromised and your family will be asked to leave the practice. Your family will be seen for the next 30 days on an emergency basis only while you arrange another source of medical care.

### FORMS AND FEES:

You are allowed one physical form per year free of charge. If your child has additional school, camp, or sports forms to be completed, there is a $5 charge per form. Payment is due when the form is dropped off. There is a three day turnaround time for forms. If a form is needed sooner than three business days, there is an additional $10 rush fee. Please understand that during

certain times of the year our physicians receive an abundance of these requests. It is our recommendation that you do not wait until the last minute to request that your form be completed.

**REFERRALS:**

If your insurance plan requires a written referral in order for your child to see a specialist, or prior to any specialized labs or imaging, you must allow our physicians three business days to complete the appropriate paper work. Only emergency referrals will be completed the same day. Retroactive referrals cannot be written and will not be honored. Our physicians will not agree to any referrals they have not been consulted about first.

**TELEPHONE CALLS / E-MAIL COMMUNICATION:**

Phone calls during business hours will be returned by the office's Nurse. As a courtesy to our patients, Dr. Huggins still receives concerned parent calls after hours. You may leave a message for our physician after hours by calling PineyWoods Pediatrics, P.A at (936) 560-9000. The answering service will page the physician that is on call. It is our physicians request that after-hours calls be reserved for urgent matters only.

Weekend coverage for our patients is provided by our physicians along with Dr. Mary Barnette. Weekend calls should also be placed to PineyWoods Pediatrics, P.A., and the on-call physician will be paged.

E-mail is not a confidential or reliable means of communication, and therefore e-mail communication to Dr. Huggins is not encouraged. However, if you have a question that you consider to be of the non-emergent nature, you may submit it to our physician via e-mail. Dr. Huggins will make every attempt to respond within 3 business days. If you have not received a response in 3 business days you should call the office.

**INSURANCE:**

As a courtesy to our patients, all services performed in our office and at the hospital will be submitted to your insurance company for payment unless you choose to file the claim yourself. It is the responsibility of the patient to provide accurate and timely insurance information. If the insurance information that you provide is incorrect, then you will be responsible for payment for the visit and for submitting the charges to the correct insurance plan. If you have no insurance or if our physicians do not participate with your insurance plan, then payment for an office visit is to be made at the time of the visit.

According to your insurance plan, you are responsible for any co-payments or balances applied to deductibles. We are under contract with your insurance company to collect all co-payments at the time of service. If you are unable to pay the co-payment at the time of service, payment must be made before the end of the next business day following the date of service or you will be charged a $15 processing fee in addition to your co-payment amount.

If your insurance plan requires you to pay a percentage of your visit cost (ex., 80/20, or 75/25 plans), you will be asked to pay for this at the time of service. If the amount allowed by your insurance plan for that visit is not known, then you will be asked to pay $20 that will be applied to your charge. This is due on the day of service.

If your child is scheduled for a well-child check up and is found to have a condition that requires medical intervention, then two claims will be submitted to your insurance company, one for the well-check up and one for the sick visit. Your insurance policy may require a second co-payment for the sick visit. This is determined by your insurance company, not by PineyWoods Pediatrics, P.A.

Health insurance is a contract between you, your employer, and your insurance company. It is important for you to understand the specifications of your policy. This includes well-check/sick visit coverage, vaccine coverage, labs, referrals, etc. Payments for any services provided by our physicians that are not covered by your insurance policy (ex., hearing and vision screening) become the patient's responsibility.

**BILLING:**

We will provide you with an itemized statement each time your child receives services. The accompanying parent or adult is responsible for full payment at the time of service. We accept payment by cash, check and most major credit cards. A $25 fee will be charged for all returned checks.

Statements will be mailed every **30 days,** and payment is due upon receipt. At **90 days,** a certified final request for payment letter will be issued. Unless alternate payment arrangements are made by you with our office, balances not paid in full within 10 days of the date on the final request for payment letter will be forwarded to a collections agency. Upon referral to a collections agency, additional charges will accrue; including, but not limited to, costs, interest and attorneys' fees. Further, if your account is not brought current after the time set forth in the final request for payment letter, our ability to maintain a professional relationship with you and your family will be impaired, and you will be notified to seek another source of medical care. Your child will be seen on an emergency only basis for the 30 days following your receipt of the physician-patient termination letter, to allow you time to find a new physician.

We realize that temporary financial problems may arise that could delay timely payment of your account. If this is the case, you are encouraged to contact our billing department promptly so that payment arrangements may be made. Payment plans are available, but must be arranged through the billing department only.

This practice's policies on billing and charity care are available for review upon request.

**I HAVE READ AND FULLY UNDERSTAND THE OFFICE POLICES SET FORTH BY PINEYWOODS PEDIATRICS, P.A. I UNDERSTAND AND AGREE THAT THE TERMS OF THESE OFFICE POLICIES MAY BE AMENDED BY THE PRACTICE AT ANY TIME WITHOUT PRIOR NOTIFICATION TO ME AND/OR THE GUARANTOR.**

Signature of Parent and/or
Responsible Person: _____

Witness: _____ Date: _____

Siblings: _____

_____

_____