

PRACTICE POLICIES - 1/1/2024

At Beachside Pediatrics we are dedicated to providing excellence in care to your family and we want you to completely understand all of our policies including 2023 updates.

OFFICE HOURS

Monday – Friday 9:00 am to 4:30 pm Our office is closed for lunch from 12:15 pm to 1:30 pm Saturday 9:00 am to 11:00 am

APPOINTMENTS

Patients are seen by appointment only. Walk-ins are strongly discouraged. Walk-ins lead to increased wait times for scheduled patients. If you arrive without an appointment, we will schedule your child for the next available time slot. To avoid having to return later, please call our office to make an appointment prior to coming in.

CONSENT

voluntarily authorize and consent to medical and surgical care for my child/children. I understand that care may include physical examination and diagnostic testing of the patient and that medications, mmunizations, and procedures may be recommended based upon this. I am giving permission for the physicians and staff of Beachside Pediatrics to conduct this form of care for as long as the physician/patient relationship existsPlease initial
We also may provide triage calls to our patients regarding patient care as well as parent concerns. Our staff may leave voicemails, however no patients identifiers will be left using this form of communication Please initial
authorize Beachside Pediatrics to allow E-Prescribing for prescriptions, which allows health care providers to electronically transmit prescriptions to the pharmacy of my choice Please initial

MINOR PATIENTS OF DIVORCED PARENTS

A divorce decree is a legal agreement binding only upon the two parties who made the agreement. Regardless of whom the judge deemed financially responsible for medical bills: THE PARENT WHO BRINGS THE CHILD TO THE OFFICE FOR MEDICAL TREATMENT IS RESPONSIBLE FOR PAYMENT AT THE TIME OF SERVICE. The parents can settle the financial responsibilities between themselves. Please do not ask us to do this for you.

Additionally, without a court order, we will not stop either parent from looking at their child's chart or obtaining their child's test results. We will not call the other parent for consent prior to treatment. If possible, please refrain from calling us after the visit to inquire about what was already discussed with the other parent. Information regarding your child's visit may be obtained though our patient portal.

MEDICAL HOME PHILOSOPHY AND PREVENTIVE HEALTH CARE

We at Beachside Pediatrics provide comprehensive medical care to infants, children, and teens. We want you to include us in all of their important medical decisions. We will give you our professional opinion as to your options and best choices for medical care. We expect you to provide your complete medical history including information about care you have received outside Beachside Pediatrics.

Well care is a necessary and mandatory part of our practice. Physical appointments are given more time then the "same day sick visits" and are the appropriate place to discuss any concerns you have about growth and development. We like to schedule these appointments close to your child's birthday. Please check with your insurance company, some will now allow a physical every calendar year.

MISSED OR CANCELLED APPOINTMENTS/ NO SHOW CHARGES

We are proud of our "on time" performance. We never intentionally overbook our office to cover potential "no shows". It is your responsibility to come to your appointments on time.

As a courtesy you may receive an automatic text 1-2 days prior to your appointment. Regardless of whether you receive this text or not, it's ultimately your responsibility to come at your scheduled appointment time or to call and cancel if you cannot make it. You may also view any upcoming appointments on your child's patient portal.

We kindly request that you provide at least 24 hours cancellation notice, so we can offer the time slot initially reserved for your child to another family who needs it. Patients who miss their appointment without notifying the office in advance will be charged a **\$40 fee**. Repeated "no shows" will lead to discharge from Beachside Pediatrics. Also, families who "no show" well exams scheduled for two or more siblings on the same day, may not be allowed to schedule the children's well exams together again.

PAYMENTS

Payment is due at time of service, this includes co-payments, co-insurance, and deductibles. We accept cash, checks, Visa, MasterCard, American Express, and Discover credit cards. There is a \$25 charge for returned checks. Your insurance policy is a contract between you and your insurance company. If your insurance company does not pay the practice within a reasonable amount of time, you will be responsible for these charges. Additionally your insurance plan may not cover all services. Please understand your individual policy benefits and limitations prior to your visits at our office. If your account is sent to a collection agency for non payment, additional collection agency fees will be added to your account that you will be responsible for.

MUTUAL RESPECT

This office is our work home and you are our welcomed guest. We expect all of our guests to treat our staff and work home with full respect, as any guest in any home. Repeated disrespectful behavior towards nursing and front desk staff may lead to discharge from the practice. Please be mindful to make sure your child returns the toys and books at the front as we strive to keep the waiting area entertaining and cheerful for all children.

FORMS

If you require a form for daycare, school, camp, sports, etc, please request it to be filled out at the time of your child's well exam. If you request a form to be filled out at a later date, please allow 24-48 hours for the form to be completed. You may also request forms via the patient portal.

PRESCRIPTION REFILLS

Please allow 24-48 hours for any medication refill. Please plan ahead so your child will not miss any doses of their medication.

SPECIALIST REFERRRALS & AUTHORIZATIONS

If your child has a scheduled appointment with a specialist and your insurance requires a referral or authorization, please arrange for the specialist to send us an authorization request at least 72 hours prior to appointment. Several insurance companies also require us to first evaluate the child's medical matter in our office and confirm that a specialist referral is indeed necessary.

am aware of the "Notice Of Privacy Practices" and if requested, I have received a copy of this notice.		
Signature of parent or guardia	an	Date
Child's/Children's name(s)		