

# Beachside Pediatrics of Naples



## **PRACTICE POLICIES – 1/1/2025**

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 2025 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.

### **CONSENT**

I 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, immunizations, and procedures may be recommended based upon this. I am giving permission for the providers and staff of Beachside Pediatrics to conduct this form of care for as long as the provider/patient relationship exists. \_\_\_\_\_ **Please 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**

I 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**

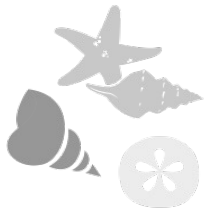
### **MINOR PATIENTS OF DIVORCED PARENTS**

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 through our patient portal.

### **PREVENTIVE HEALTH CARE**

Well care is a necessary and mandatory part of our practice. Beachside Pediatrics follows the recommended well care schedule of the American Academy of Pediatrics. Physicals must be up to date and current per AAP's guidelines. Non compliance with yearly well care can be grounds for discharge from the practice. \_\_\_\_\_ **Please initial**



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## **MISSED OR CANCELLED APPOINTMENTS/ NO SHOW CHARGES**

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 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. Patients who miss their appointment without notifying the office in advance will be charged a **\$40 fee**.

Please be aware canceling of a scheduled appointment within a few hours may also lead to a no show 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. \_\_\_\_\_ **Please initial**

## **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**

We will provide you with with one school/sports/immunization form at each well child visit. These forms will be saved to your patient portal. 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 REFERRALS & 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.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Child's/Children's name(s) \_\_\_\_\_  
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\_\_\_\_\_  
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