

Northeast Pediatrics and Adolescent Medicine Appointment and Scheduling Policy

Thank you for choosing Northeast Pediatrics and Adolescent Medicine for your family's health care needs. It is our goal to provide the best possible medical care to your children. Please take a few moments to read our appointment and scheduling policy in order to understand our expectations that must be observed in order to provide exemplary care to your children and all children in our practice.

Schedule an appointment by calling 607-257-2188 for pediatrics, 607-257-5067 for our adolescent office or 607-319-5211 for our Trumansburg Road office. Monday through Friday, we are available from 7am-4:30pm to schedule your appointment.

Schedule same day appointments for sick visits. Appointments for sick visits are booked on a first available appointment basis.

Arrive early for your appointment. Please remember that all insurance requires that we review your insurance data and demographics each time you visit our office. This often takes a few minutes and without it, your insurance claim could be denied. **Please bring your insurance card to every visit.**

When you receive a call to confirm your child's upcoming appointment, please call the office prior to the visit to confirm. Lack of your confirmation call may result in a missed appointment and an associated missed appointment fee.

Call at least 24 hours in advance if you are unable to make your appointment time. This allows us the opportunity to schedule other patients who need appointments. We will do all that we can to reschedule your appointment that same day or at another time that is mutually acceptable.

Late arrivals may be offered the next available appointment. 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 time was missed. At times, our providers may be behind schedule when unexpected emergencies occur and they provide patients with the full attention that their care requires. Regardless, this is not an acceptable excuse for patient lateness.

If you miss an appointment, you will receive a letter notifying you of the missed appointment and may be charged a \$25.00 no show fee. At that time, you will be reminded of our appointment policy. More than 3 missed appointments may result in the termination of services from our practice.

Please turn off cell phones in the office and examination rooms.

We appreciate the time you have taken to read our appointment policy. If you have any further questions, please feel free to contact our office and speak with our Reception Coordinator, Office Manager, or Clinical Coordinator.

Billing Policy and Procedure

Thank you for choosing Northeast Pediatrics and Adolescent Medicine for your family's health care needs. It is our goal to provide the best possible medical care to your children. In order to achieve this goal, we need your assistance and your understanding of our payment policy.

As a courtesy to you, we will be happy to bill your insurance company for the services rendered on your visit date. In order to do that, it is essential that you bring your insurance card to every visit and communicate with our reception staff any changes to your insurance coverage or billing information.

Payment is due at the time services are rendered unless we participate with your insurance. If we participate with your insurance carrier, your co-pay will be collected at the time of the visit. Your insurance coverage is a contract between you, your employer and the insurance company. You are ultimately responsible for the bill regardless of your insurance coverage. If your insurance requires a deductible to be met, it will be your responsibility to know what that deductible amount is and whether or not the deductible has been met.

Insurance companies often will pay for services based on a time schedule. Well Child visits are one example. While we make every effort to help you, the number of insurance plans we deal with and the fact that your employer may change contracts without our knowledge prevent us from being able to take responsibility for advising you whether a service is covered. It is your responsibility to be knowledgeable of your insurance plan and its limitations.

We realize that temporary financial hardships arise sometimes that may affect timely payment of your account. If such problems arise, we encourage you to contact our office promptly for assistance. **Our Billing Manager is available to discuss issues of payment and assist you in making the necessary payments to avoid interruption of services or possible termination of care. Payment for any balance greater than 45 days will be expected at the time of subsequent visits. Non-payment may result in your balance being sent to collections.**

As your health care provider, we must emphasize again that our relationship is with you and your family, not your insurance company. While the filing of insurance claims is a courtesy we extend to our patients, the charges are your responsibility from the date services are rendered.

We appreciate the time you have taken to read our billing policies. If you have any further questions, please feel free to contact our office to speak with our billing department.

I, _____, have read and understand the above written patient policies regarding Billing and appointment policies at Northeast Pediatrics.

Parent Signature

Date