

Northeast Pediatrics & Adolescent Medicine Scheduling Policy

At Northeast Pediatrics & Adolescent Medicine we are committed to providing the best possible care for all our patients. This policy is to help ensure that we can serve our patients at the time of their visit and reduce unused appointment slots.

Cancellation Notice

Patients are required to cancel appointments at least 24 hours in advance. This allows us to offer the appointment slot to other patients in need of care.

Confirmations and cancellations can be made by utilizing our text and email confirmation system or by calling our office.

Late Cancellations

We understand that sometimes unforeseen challenges arise, and a cancelation may need to be made less than 24 hours in advance. Cancellations made within one hour of the scheduled appointment time will be considered a missed appointment.

Missed Appointments

If a patient fails to attend their scheduled appointment without prior notice (a missed appointment), our office will record this occurrence.

After *three missed appointments* within one calendar year, the patient will be required to *confirm their appointment by 8:00 AM on the day of the appointment*. If the appointment is not confirmed by this time, it will be cancelled, and the patient will need to reschedule.

Repeat Missed Appointments

Continued missed appointments may result in further action, including the potential for dismissal from the practice.

We appreciate your understanding and cooperation with this policy, as it helps us to maintain availability for those in need and timely care for all our patients. We are happy to answer any questions you may have.

Billing 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. 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. We fully expect you to understand your medical insurance plan before your appointment. 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.

Please note that there may be additional fees expected at the time of request or pick-up for ancillary services such as, but not limited to, activities such as completion of college and camp forms and request for copies of records. These fees may be subject to change, but will be clearly communicated at the time of request. Please refer to the Records Requests and Requests for Forms Policy for more detail.

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 certify that I have the foregoing policy, have had any questions explained to me in full and understand its contents. I further certify that I am the patient or the patient's duly authorized agent to execute the above and accept its terms.

Signature of patient or patient representative

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