



Policy and Procedure

Our office would like to welcome you to our family of physicians and healthcare providers. Thank you for choosing us to care for you and your loved ones, we are committed to your healthcare. This Policy and Procedure statement is intended to answer common questions about our practice.

While we hope to maintain a longstanding relationship, we must ensure all patients follow our policies. Failure to adhere to these policies may result in dismissal from the practice.

Annual Physicals

We require all patients in our practice to have an annual physical regardless of insurance benefits or personal beliefs. We believe an ongoing relationship must be maintained in order to provide you with the best healthcare possible. If you have not had a physical with our practice in the last year, we will not be able to dispense any medical advice, or refill any medications. We want you to create an ongoing relationship with our providers to best serve your health needs. Once the patient has reached 3 years of age physicals will be scheduled one year from the date of the last physical per office policy. If you do not follow the standard of care, in the event of a DCFS case we will be unable to support you.

Appointments

We make an effort to keep our patients and providers on time. If a patient is 5 or more minutes past their scheduled appointment time, we may have to reschedule the appointment.

If you are coming in as a new complex or difficult diagnosis patient, we require that you leave a credit card on file at the time of making your appointment. We also require your medical records be sent to our office and they must be received 1 week prior to the appointment. If we have not received your medical records within that time your appointment will need to be rescheduled. If you cancel your appointment, less than 24 hours in advance, or do not show for your appointment you authorize Whole Child Pediatrics/Whole Family Integrative Health to charge the credit card provided a \$100 cancellation/no show fee.

Cancellation/No Show Policy

We do understand that in today's busy world occasionally situations come up that are beyond our control. In those instances, and to ensure all patients have access to our medical providers, we have established the following fees for late cancellations and no shows. Office visits cancelled less than 24 hours in advance or on the day of the appointment (regardless of when scheduled), except for cases of medical emergency, will be charged a fee based on the appointment type:

- Sick, sick follow-up and allergy shot appointments - \$25
- Complex appointments and follow-up complex appointments (30 minutes) - \$50
- ADD/ADHD medication check appointment - \$75
- Allergy testing, new complex/difficult diagnosis and new ADD/ADHD appointments - \$100
- These fees are charged to the patient not the insurance company

Ongoing occurrences of no shows may result in termination from the practice.

Vaccinations

It is your responsibility to understand your insurance plan. If your vaccines are not covered by insurance you are responsible for the charges. In addition, if you agree to a vaccination but change your mind after it has been prepared, you will be responsible for the cost of the vaccine, whether it is administered or not. If you choose to not vaccinate, there is a charge for vaccination counseling that is performed at every well child visit. Please note that we are required, based on our insurance contracts, to document at each visit if your child is underimmunized.

Divorce Situations/Separation/Unwed

In divorce/separation/unwed situations, we require a copy of the custody order, for our office, to provide the office with information as to the status of legal custody, and the specific language critical to determining whether the consent of both parents is required for treatment of the minor. Unless court ordered, you will need to work with the other parent to decide who will be the guarantor on your child's account and be financially responsible. It will be the guarantor's responsibility to pay in full and seek reimbursement, if necessary, from the other parent.

Phone Calls

For quality and training purposes all incoming and outgoing calls may be monitored and recorded.



Medical Records

For Whole Child/Whole Family to release medical records from our offices, we must have a completed and signed release form. We charge a \$25 flat medical records fee per person per request. Please allow 14-21 days for those to be processed once the fee has been paid. This is office policy and will not be altered based on hospital/insurance carrier policy. Once you request your records to be sent to another primary care provider, you will no longer be able to receive services from our clinic including phone consultations or prescription refills.

You, or another provider, may request medical records and transfer out of our practice at any time. However, if you would like to reestablish care there will be a \$50 return fee per individual. This fee must be paid in advance with our billing department before any appointments can be scheduled.

Forms/Letters

Please allow 3-5 business days to fill out any form. A valid ID must be shown for us to release forms, prescriptions etc. If the person picking up the form is not the stated patient, their name must be listed on the HIPAA release form. We fill out forms during your or your child's office visit free of charge if the request is made at the time of the visit. If a request to complete a form occurs after your visit, a prepayment ranging from \$15 - \$50 per form is required. All forms (work, school, camp etc.) will only be completed outside of an appointment if the patient has had a physical within the last 12 months. From time to time, patients may need letters written and signed by the staff or the doctor on the practice's letterhead. For such letters, a prepayment of \$25 - \$50 per letter is required. We will need at least 5 business days to complete the letter.

Completing forms/letters requires time away from patient care and day to day business operations. Please understand that in order to complete forms and write letters your or your child's medical record must be reviewed, forms completed or letters written and signed by the provider and copied into your medical record.

Office Visits

You will be required to provide your driver's license (or state issued ID) and insurance card at every visit. You will also be asked to verify the contact information that we have on file. If you have a change of insurance or contact information please notify the office immediately to update the account(s).

Office Safety

Please be advised that you are responsible for taking care of your child during the office visit. Due to insurance liabilities children cannot be left unattended. We will not be held responsible in case of harm to you or your child. Cleanliness prevents the occurrence and spread of infection so shoes must be worn at all times while in the office. If you or your child are actively vomiting please let reception know so they can have you or your child transferred to a room as soon as possible. We have a number of patients who have severe food allergies. We ask that no food be consumed in the office. If you or your child/children are disruptive you will be provided with a verbal warning. If the disruptive behavior continues you may be asked to wait in your vehicle.

After Hours Calls

After hours phone calls are for emergency coordination of care. Any issues related to appointment scheduling, billing, prescription refills and medical issues of a non-urgent nature must be addressed during regular office hours. In case of a life threatening emergency, please go to the nearest emergency room. After hours phone calls that are not for emergency coordination of care will incur a \$25 - \$50 fee, charged directly to the patient.

Termination From The Practice

We reserve the right to discharge any patient/family from the practice for reasons of nonpayment, non-compliance or ongoing occurrences of no shows/cancellations. If at any point you or a family member become verbally/physically abusive or threatening to our staff/providers, you will be asked to leave the premises and law enforcement may be called.

HIPAA

We are required by law to maintain the privacy of protected health information and to provide patients with the notice of our legal duties and privacy practices with respect to protected health information. This notice is effective April 14, 2003, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office. You have the recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with our office or with the Department of Health & Human Services, Office of Civil Rights, regarding violations of the provisions of this notice or the policies and procedures of our offices. We will not retaliate against you for filing a complaint.