

Office Policies

We are honored that you have chosen our office as your trusted healthcare provider. The following policies have been established to help us serve you better.

Rotating Well-Visit Policy

There are several planned well-visits during the first two years of life. Our policy is to alternate these visits between a physician and nurse practitioner to allow you to get to know our entire team and allow us to serve your family best. Sick visits and/or last-minute scheduling may result in seeing a provider out of a typical rotation. Well-visits after 18 months of age may be scheduled with the provider of your choice.

Cancellation/No Show Policy

Middleton Pediatrics is dedicated to meeting the needs of our patients. In an effort to make sure we have adequate openings for all children needing appointments, twenty-four (24) hour cancellation notification is required. Failure to notify us or same-day cancellations (with the exception of sick visits) will result in a \$50.00 no-show fee. Please note that insurance companies do not cover these fees, therefore you will be responsible for payment.

Late Arrival Policy

If you are running late for an appointment due to unforeseen circumstances, we ask that you please call our office to let us know you're on your way, so that the providers can continue to see patients in a timely manner. Please be aware, notifying us of a late arrival does not guarantee you will be seen at your scheduled appointment time, and may result in a longer wait. *Arrival of 15 minutes (or more) after your appointment time will result in an automatic cancellation, and we will need to reschedule.* A missed appointment will be rescheduled for the next available opening, which may be on a future date or with an alternate provider than with whom you normally schedule.

Patient Add-on Policy

If you need to have an additional family member seen during an already scheduled visit, please call ahead of time if possible. Otherwise, let the front team know at check-in. All patients seen by a provider must be on our schedule, so notes from the entire visit may be recorded and so we can maintain a well-timed schedule. Any applicable copays will be collected for each additional patient seen that day.

Patients under 18 Policy

Patients under 18 must be accompanied by a parent or legal guardian in order to be seen or treated in our office. If you plan to have a relative or other caregiver, bring your child for a visit, we require a signed form giving permission for that person to act on your behalf for medical decision making during the office visit.

Email Policy

We cannot guarantee that email communication is secure and confidential, which may be a concern given the private nature of medical information. Therefore, if you choose to send or receive information via email, it is with this understanding on your part. We encourage our patients to utilize the Patient Portal, which provides secure means of communication between patients and our office. Additionally, neither email nor the Patient Portal is an adequate means for urgent questions or concerns. Any response needed in less than 48 hours should be addressed by calling our office directly.

Records Release Policy

You may request a copy of your child's medical records at any time. This request must be in writing by filling out a Records Release Authorization form. Records cost **\$10.00** for a printed or CD copy. Records can be faxed directly to other physicians free of charge. All outstanding balances must be paid in full before records are transferred to another office.

Financial Policies

To avoid any misunderstandings and ensure timely payment for services, it is important that you understand your financial responsibilities with respect to your health care. We require all legal guardians to sign our *Authorization and Consent to Treatment Form* before receiving medical services. This form confirms that you understand the services provided are necessary and appropriate and explains your financial responsibility.

Guarantor's or legal representatives are ultimately responsible for all charges for services provided. We expect payment at the time of your child(s) visit for all charges owed as well as any prior balance.

As a convenience to you, we can save a credit card on file to settle your account when you check in or out. You may receive an estimate for your patient responsibility prior to or at the time of your service. If there is a difference in the estimated patient responsibility, we will send you a statement for any balance due. If a credit balance results after insurance pays, we will apply the credit to any open balance on your account. If there are no open balances, we will issue a refund.

Insurance Policy

We ask all patients to provide their insurance card (if applicable at every visit. If you do not provide current proof of insurance, you may be billed as an uninsured patient (i.e., self-pay). We accept assignment of benefits for many third-party carriers, so in most cases, we will submit charges for services rendered to your insurance carrier. You are expected to pay the entire amount determined by your insurance to be the patient responsibility. Keep in mind that our fees are for physician services only; you may receive additional bills from laboratory, radiology or other diagnostic related providers.

You are responsible for understanding the limitations of your insurance policy, including:

- If a referral or authorization is necessary for office or specialist visits.
- What prescribed testing (lab, Pediavision, hearing etc.) is covered under your insurance policy.
- If you choose to have non-covered testing, we will require full payment at the time of your visit.
- Any co-payment, coinsurance or deductible that may apply.

Outstanding Balance Policy

After your visit, we will send you a statement for any outstanding balance. All outstanding balances are due on receipt. If you come for another visit and have an outstanding balance, we will request payment for both the new visit and your outstanding balance. Your outstanding balances can be paid conveniently via our patient portal.

If you have an outstanding balance for more than ninety (90) days, you may be referred to an outside collection agency and charged a collection fee of 23% of the balance owed, or whatever amount is permitted by applicable state law, in addition to the balance owed. In addition, if you have unpaid delinquent accounts, we may discharge you as a patient and/or you may not be allowed to schedule any additional services unless special arrangements have been made. Please call our office with any questions.

Payment Plan Policy

Payment plans may be set up when you receive an unexpected bill for services *denied* by insurance. Payment plans may only be set up for a current open balance. Any future, additional balance cannot be accrued on the payment plan, and must be paid in full at the time of service. *Payment plans are not designed for high deductible policies.* Therefore, the responsible party is expected to pay for services applied to a deductible or co-insurance at the contracted rate within 30 days of receiving a bill. Failure to pay these balances in full is a breach of contract between the guarantor and insurance company. Additionally, self-pay patients may not utilize payment plans for their balance and are required to pay at the time of services, as stated on the Self-pay agreement form.

Divorced and Separated Parents Policy

Middleton Pediatrics understands that divorce and/or separation is a sensitive subject. Therefore, we have developed the following information to help you understand your rights and responsibilities, as well as the policies and procedures of our office. In doing so this will avoid misunderstandings and allow all to focus on your child(ren)'s care.

The State of Florida in Statute 61.046 identifies two types of custody arrangements: shared parental responsibility (more commonly known as "joint custody") and sole parental responsibility ("sole custody"). We will ask you on your patient information document to identify your marital status, the type of custody arrangement you have for your child(ren), and which parent is the custodial parent. This is to allow our office to know what rights each parent is allowed under the law.

If stated that you have "sole custody," we will ask for court-ordered documentation as well as make appropriate notes in the medical record.

If stated that you have "joint custody" each parent will have equal access to their child's medical records, appointment scheduling, appointment attendance and patient portal. Each parent also has the right to authorize another individual (grandparents, new spouse or partner, caregiver) to bring the child(ren) to the office and consent to treatment by signing a Consent to Treat form. We will not be involved in any disputes regarding the election of the named individual on this form. If an elected caregiver is authorized by one parent, but not approved by another, we require legal documents to prevent involvement of that individual.

Please make all decisions regarding appointments, vaccinations, and/or any other office procedures PRIOR to bringing your child(ren) for their scheduled appointment.

It is the responsibility of the parents to communicate directly with one another regarding the care of your child(ren), including scheduling office visits, treatment, and/or any other information relevant to the child(ren)'s care. Middleton Pediatrics will not call the non-attending parent following an office visit, nor will our office staff call a parent to notify of an appointment scheduled by the other. Both "joint custody" parents are eligible to receive notification of scheduled appointments and visit follow up summaries through our Patient Portal.

Financial responsibility for the child(ren)'s bill is with the parent or legal guardian. Therefore, it is our policy to collect and co-payment at the time of service from the parent, guardian, caregiver, or other authorized adult that brings the child(ren) in for services.

If there is an outstanding balance on the account, both parents will be equally responsible for payment at the time of service. We will not review support agreements or bill the other parent as this is an agreement between both parents, not Middleton Pediatrics. Please be prepared to pay at the time of service and divide shared responsibility between parties privately. If the balance is left unpaid both parents' information will be reported to the collection agency and/or attorney in accordance with our Financial Policy.

The providers and staff of Middleton Pediatrics will not be placed in the middle of domestic disputes or disagreements over the phone, via email, text or secure message, or in the office.

If issues arise between parents that become disruptive to the care of your child(ren) or our office, or if there is ongoing non-compliance with this policy, we reserve the right to discharge the family from the practice.