

# Farmington Valley Pediatrics, LLC

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## **Office/Financial Policy**

Thank you for choosing Farmington Valley Pediatrics as your pediatric medical home. We are committed to providing your child with quality health care and you with excellent customer service. We believe that this starts with good communication; thus, we have created this document to help our patients understand our office policies and billing procedures.

Please read each section carefully and initial at the end of each section. By signing, you are acknowledging that you understand each policy and will abide by them. If you have any questions, please don't hesitate to speak with our staff.

### **APPOINTMENTS**

- Farmington Valley Pediatrics treats patients from birth to 21 years of age. We provide *well child visits*, *sick visits*, and chronic medical condition *followup visits*, including ADHD, depression and anxiety, and asthma medication management.
- *All visits are by appointment only.* We ask that you do not “walk-in” or bring in a sick sibling who does not have a scheduled appointment with a child who has a scheduled appointment as this causes the physician to get behind on scheduled appointments. Instead, we recommend calling in advance to request a separate appointment for the sick child. We will attempt to accommodate the request to coincide with the siblings well visit, if possible. Otherwise, a different appointment time will be granted for the sick visit.
- A *well child visit* has a specific agenda that covers preventative and health maintenance issues related to age, gender, and family history. A well child exam *cannot be expected to address every concern* that has been bothering you or the child since the last well child visit, nor to answer extensive questions regarding new problems or chronic issues such as fatigue, headaches, depression, ADHD, or OCP evaluations. Such concerns are best managed with a *separate appointment* that allocates adequate time for evaluation. If concerns are extensive and need urgent attention, please be advised that it may be necessary to change the well child visit to a problem-based visit. The well visit will then be rescheduled for a later time.
- We encourage you to *schedule* your child's *next appointment* (the next year's well child visit, follow up visit, or next vaccine visit) prior to leaving the office. This ensures that you receive your most preferred appointment time and do not forget.

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## NO SHOWS, CANCELLATIONS, AND LATE ARRIVALS

- Please provide at least a *24 hour notice* of any appointment cancellations. This courtesy allows us to offer the time slot to another patient in need of an appointment.
- Appointments that are *missed* or *cancelled in less than 24 hours* are considered NO SHOWS and will result in a **\$50.00 fee**.
- Please arrive to your appointment on time. If you are *late by 10 minutes* or more, you will be considered a NO SHOW and required to *reschedule*.
- If your child NO SHOWS *three* appointments, we may terminate our professional relationship with your family and you will be *discharged from our practice*. In that case, we would provide urgent care for 30 days to allow you time to secure a new pediatric provider.

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## PRESCRIPTIONS REFILLS

- Please *call your pharmacy first* to request a refill for medications. If there are none left, an appointment may be required prior to honoring the refill.
- Certain conditions which require prescriptions, especially a controlled substance or antidepressant, will entail a *follow up appointment every 3 months*. The patient's height, weight, BP, and progress with the medication need to be monitored; you may not receive a refill until done so.
- Annual well child visits are the foundation for good health. *Non-compliance* with *annual physicals* will result in *denial* of prescription *refill* requests.
- Please plan accordingly and allow for *3 business days* for refills to be completed to give the pharmacy and our office time to process the needed information.

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## PHONE CALLS AND AFTER HOURS

- Our office business hours are 9 AM -5 PM, Monday-Wednesday and Friday. Thursday coverage is provided by the on-call physician.
- If you have a serious medical concern about your child and know that you want your child seen during regular office hours, please schedule an appointment instead of requesting a phone call. Patients with *appointments take priority over phone messages*.
- If your child needs medical assistance *after hours* or on the *weekends*, please call 860-678-0484 and *press 0* at the prompt to be connected to the answering service. The on-call physician will return your call and provide appropriate instructions on how to proceed. Please *do not leave voicemail messages nor send an emails* regarding a medical issue, as they will not be retrieved.
- In the case of an *emergency call 911*. Do not waste time waiting for a call back.

## FORMS

- *One* daycare or school *health assessment form* will be completed at *no charge* per well child visit provided that the parent completes their portion prior to submitting the form to our office.
- To avoid charges, we strongly advise parents to *retain a copy* of the health assessment form for their records for subsequent use.
- Request for a *different form* (ie boy scouts, camp, FMLA), additional *copies* of forms, and/or *lost forms* will incur a *\$10.00 charge per form*. Payment is due when the forms are dropped off. If payment is not secured, then the forms will not be completed.
- Initial *FMLA forms* require an *office visit* for completion.
- *Forms can not be faxed*. Please pick up or include a self-addressed, stamped envelope for return of the original copy.
- We have a *5 day turn-around time* for forms. If a form is needed sooner, there is an additional *\$10.00 rush fee*.

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## REFERRALS

- *Advance notice*, typically *5-7 business days*, is needed for all non-emergent referrals.
- It is your responsibility to know if a selected specialist participates with your insurance plan.
- The primary care physician must approve a referral before it is issued and self referrals *will not* be back-dated.

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## VACCINES

- Farmington Valley Pediatrics values the *importance of vaccines* and promotes their ability to prevent disease. We require parents *to comply* with CDC immunization schedules for infants, children, and teens in order to secure our medical services.
- For those already-established but vaccine-hesitant families, vaccine consultations can be arranged to discuss immunizations further and develop a plan.
- Non-compliance may result in termination of our physician-patient relationship due to a differing of philosophies regarding vaccine importance and safety.

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## INSURANCE AND FINANCIAL RESPONSIBILITY

- Please contact our office with any address, telephone, or insurance changes.
- It is your responsibility to provide an *up-to-date copy of your insurance card* which ensures timely filing of your child's visit and potentially reduces your out-of-pocket costs. If the information you provide is incorrect you will be financially responsible for the visit.
- According to your insurance, *you are responsible* for any and all co-payments, deductibles, and services not covered by your plan.
- *Co-payments are collected at the time of service* regardless of who brings the child in for the appointment. Please make arrangements to send payment with the accompanying adult. Responsibility for payment for treatment of minor children, whose parents are divorced, rests with the parent who seeks treatment. Please do not involve us in custody/payment issues.
- We *bill participating insurance* companies as a *courtesy* to you. It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or authorization is required to see specialists, for radiology studies, or prior to procedures.
- Patient balances are billed immediately upon receipt of your insurance plan's explanation of benefits (EOB). *Your remittance is due within 10 business days* of receipt of your bill. If you do not agree with the patient responsibility amounts or reimbursement amounts set by your insurance, state, or government program, this matter is between you and that program. We are happy to provide you with factual information about your care and billing to help you discuss this with them but we still require you to promptly pay the entire charge we present to you, even if your issue with the program is not resolved. Failure to pay promptly, as defined above, will result in a \$10.00 penalty to cover the cost of sending repeat billing statements.
- If Farmington Valley Pediatrics does not participate in your insurance plan or if you do not have insurance, *payment in full* is expected from you at the time of service.
- For scheduled appointments, *prior balances must be paid* prior to the visit.
- We accept cash, check (in-state only), and all major credit cards. Please be aware that there is a service fee of \$25.00 for all returned checks.
- We realize that people may experience financial difficulty from time to time. Please contact our office if you are unable to pay your payment, and we will make every effort to extend reasonable arrangements to you until the account is resolved. Failure to pay outstanding balances within 60 days of receipt of the billing statement or failure to contact the office to make alternative arrangements will result in collection notices and possible dismissal from Farmington Valley Pediatrics.

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By signing below, I agree that I have read the above Office/Financial Policy. I understand and agree to adhere to the policies included within this agreement.

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Patient Name

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Date of Birth

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Parent Signature

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Date