



Pediatric Partners

Office Policies

The following policies have been established to ensure that all patients have safe and timely access to our clinics. Please read them carefully.

APPOINTMENTS:

Patients are required to be in the clinic 15 minutes prior to their scheduled appointment time. This time allows our staff to verify insurance, make any necessary address changes and weigh/measure your child. An authorized adult must accompany your child to the examination with a government issued photo identification to be presented at each visit. Third party authorizations for another adult (18 yrs. or older) will be accepted for future visits on our Company provided form only.

We have set some time aside for same-day appointments. Please call as early as possible to obtain such an appointment when your child is ill. If all same day appointments are filled, you may be transferred to our nurse triage or your Doctor's nurse for further instructions.

If you are more than 10 minutes late to your scheduled appointment you may, at the discretion of the physician, be asked to reschedule. Please call ahead and inform us if you're running late...we will make every effort to fit you in, but you may have to wait until we can accommodate your timing.

***Failure to keep your appointment without notifying us 24 hours prior to your scheduled appointment time will result in a "no-show" and may incur a fee. A warning notice will be issued after the second "no-show" appointment. If a third "no-show" appointment occurs, your doctor may dismiss you from the practice.

Patients with unpaid balances will be required to make a payment on their prior balance before being seen by a provider.

A VALID GOVERNMENT ISSUED PHOTO ID MUST BE PRESENTED FOR ALL SERVICES PROVIDED IN THE OFFICE.

BEHAVIOR:

- Your child should be cleaned/bathed prior to his/her appointment.
- Anyone using profanity will be asked to leave and will not be seen.
- While in our clinic your child's behavior is your responsibility. Unruly children will not be seen.
- Access to the Patient Portal is a benefit of our EHR and access can be revoked/denied for improper use or access at our discretion.



Office Policies Agreement

Patient Name: _____

I have read and understand Pediatric Partners Office Policies and agree to comply with those policies.

Check In time for all appointments is 15 minutes prior to scheduled time. If I arrive late I may be asked to reschedule.

I must present a valid government issued photo ID at all appointments or when conducting business with the office

Failure to keep the appointment without notifying us 24 hours prior to the appointment will result in a No Show and may incur a fee of \$25.

Unpaid balances must be paid prior to seeing the provider.

I am aware of the expectations of me, and all those person(s) with me, behavior while in the office.

Initial
each
box

Non-compliance with the Company's Office Policies will result in dismissal from our practice.

Legal Parent/ Legal Guardian Printed Name: _____

Signature: _____ Date: _____