



Office Policy

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office and financial policy allows for a good flow of communication and enables us to achieve our goal. *Please read each section carefully;* your clear understanding of the policies is important to our professional relationship. If you have any questions, do not hesitate to ask a member of our staff.

Vaccine Policy

Kids First Pediatrics provides a safe and healthy environment for ALL children. We follow the vaccine schedule recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) for all patients. For the safety of our patients, we do not treat patients not following the vaccination schedule.

Appointments

We value the time we have set aside to see and treat your child. If you are running late please call our office as soon as possible. If you are unable to make it to your scheduled visit, please notify our office within 24 hours of your child's appointment. A charge of \$25.00 will be applied toward each additional missed or "no-show" appointment. Patients are encouraged to register online and complete any assigned questionnaires prior to arriving for their visit. This helps to reduce wait time and allows for a more informed healthcare experience. A photo ID of the individual accompanying the child to the appointment is required along with the patient's insurance card at time of visit for each appointment.

Current Information

As a patient at Kids First Pediatrics, you are required to notify our staff of any changes in your patient information including insurance, benefits, patient name, school, home address, e-mail, and/or contact numbers.

Financial Responsibility

We accept cash, checks, Visa, and MasterCard credit and debit cards. A \$30.00 fee will be charged for any checks returned for insufficient funds. According to your insurance plan, you are responsible for any and all co-payments, deductibles, and co-insurances. Co-payments, co-insurances and deductibles are due at the time of service.

Outstanding patient balances are due in full within 30 days of your appointment. Any account balance outstanding longer than 30 days will be charged a \$10.00 collection fee and will be forwarded to a collection agency. Self-Pay patients are required to pay for services in FULL at the time of the visit. If your insurance is out of network you are required to pay for services in full at the time of the visit. \$50 is required at time of service for all patients with high deductible insurance plans.

Forms

There is no charge for a routine form given at the time of your child's appointment. However, should you lose your forms, there will be a \$5.00 charge per form to replace them. Family and Medical Leave Acts require a \$20.00 payment when the forms are dropped off and a 7-day turnaround time for the form.

Prescription Refills

All prescription refills should be requested through your pharmacy. The pharmacy will send a request for refill to the practice electronically for doctor review. If there is an issue with the pharmacy's request, refills can be requested through Patient Portal or the Healow app. A 48 hour notice during regular business hours is required for all medication refills. Please plan accordingly.

Referrals

Advance notice is needed for all non-emergent referrals, typically 10 business days. Remember, we must approve referrals before they are issued.

Transfer of Records

If you transfer to another physician, a 30 day notice is required to provide a copy of your immunization record and medical summary for your new physician. If you wish to have this process expedited, immunizations and medical summaries performed at Kids First Pediatrics are available on Patient Portal. We provide records of your child for visits rendered here at Kids First Pediatrics only. For any previous records, you must request them directly from your previous doctor(s).

We must emphasize that as pediatric providers, our relationship is with you and your child, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are strictly your responsibility from THE DATE SERVICES ARE RENDERED. Therefore, it is necessary for you to know what benefits your insurance plan provides for you.

By signing below I am acknowledging that I have read, accepted and fully understand the office and financial policies set forth by Kids First Pediatrics of Raleigh & Clayton. I agree to comply with and accept the responsibility for any payment that becomes due as outlined in the office and financial policies. I understand and agree that the terms of these policies may be amended by the Practice at any time without prior notification to the guarantor.

Patient Name(s) _____

Parent OR Guardian Name _____ **Relationship** _____

Parent OR Guardian Signature _____ **Date** _____