

Azle Pediatrics Office Policies

PLEASE READ BOTH SIDES CAREFULLY BEFORE SIGNING

Office Hours

Patient care hours begin at 9 a.m. on Monday through Friday. Receptionists are available at 8:30 a.m. to begin scheduling appointments. Our last patients are seen at 4:45 Monday through Friday. We make every attempt to see patients at the appointed time. You can help by arriving on time and letting the receptionist know the nature of the child's problem, so that she may schedule the appropriate amount of time. We have a weekend clinic available to all current patients. If your child needs to be seen during the weekend or over a holiday, phone our main number and you will be given instructions on how to reach the clinic on call.

It is extremely important that you bring your insurance card at **EACH** visit. Failure to do may result in improper insurance billing and cause the patient's visit to be billed directly to your account.

No Show Policy

Patients must cancel and/or reschedule a well-child appointment at least 24 hours in advance and a sick-visit appointment at least two (2) hours in advance or a **\$25 MISSED APPOINTMENT FEE** may be applied to your account.

If you have three (3) or more missed appointments within a twelve (12) month period, the patient/physician relationship will be terminated.

Late Arrival Policy

Patients who are more than twenty (20) minutes late for their appointment will only be seen at the discretion of the physician and office staff. Waiting times may be longer than usual as the patient is fit into the schedule.

Prescription/Referral Requests

Please call and leave a message with the staff during regular office hours for prescription refills. You may also use the website e-mail. Remember to leave the name and phone number of the pharmacy. Please allow up to 24 hours for the prescription to be called into the pharmacy. Refills on controlled substances may take up to three (3) days and must be picked up at the office. A member of the staff will notify you when the prescription is ready.

If your insurance requires referrals, you may request a referral via phone during regular office hours or via the website e-mail. It helps to be specific with your message. Please allow up to three (3) business days for all referrals.

School Medical Forms

The **FIRST** time a specific form is requested, we will provide this service at **NO CHARGE**. If the same form is requested again, Azle Pediatrics will charge a \$5.00 fee per child per school year for completing school/daycare medical forms. This charge will cover all school/daycare physical exam forms, sports physical forms, authorization for prescription medicines at school, etc. This fee will be billable **DIRECTLY** to the patient's account, not the insurance company.

DATE

PARENT'S SIGNATURE

After Hours

Occasionally, your child may become ill after the office has closed. A physician is available 24 hours a day for urgent problems. If your child needs medical attention before the office reopens, call the usual office number. Our voice mail will instruct you on how to reach the physician.

For appointment requests, general messages and other non-urgent questions for the office staff or physician during after hours, you may call the usual office number and leave a voice mail message. A staff member will return your call the next business day if needed.

Collections Policy

If a patient's account becomes more than 120 days past due, we will send the account into collection. An additional 30% charge will be accrued to the account at that time to cover the cost of the collection agency.

SECURITY INFORMATION

May we leave a message on your home phone? YES NO Home number: _____

May we leave a message on your cell phone? YES NO Cell number: _____

May we call / leave a message at your work number? YES NO Work number: _____

In the event that a family member or caregiver attends an office visit and is in the Exam room at the time of the examination, I give Dr. Hudman and staff members my permission to discuss freely my child's condition, treatment or diagnosis with that person. YES NO

If you have any questions regarding the above office policies or security information, please do not hesitate to ask an office staff member. A personal copy of these office policies is available to you by request.

I HAVE READ AND AGREE TO THE ABOVE SECURITY INFORMATION AND OFFICE POLICIES.

NAME OF PATIENT

DATE

RESPONSIBLE PARTY NAME

SIGNATURE