



**107 JAVIT COURT
YOUNGSTOWN, OH 44515
(330) 797-0407 FAX: (330) 793-1431**

Office Policy

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

Appointments

- 1) We value the time we have set aside to see and treat your child. We do not double book appointments. If you are not able to keep an appointment, we require a **24-hour notice**. The physician and staff are scheduled around your child's appointment and their time is lost if the appointment is missed or cancelled late. **There is a charge of \$25.00 missed appointments. Dismissal from the practice may be considered for multiple missed appointments.** Please be aware that your insurance company WILL NOT COVER THESE CHARGES, therefore this will be your responsibility.
- 2) **Same day Missed appointments:** There is a **\$25.00** missed appointment fee for any appointment that is missed and was scheduled that same day. **No exceptions!**
- 3) Please **arrive early** for your appointment. Please remember that all insurances **require** that your information be updated prior to **each visit**.
- 4) If you are late for your appointment (>10 minutes), we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your appointment. Please be aware that other patients that arrive on time for their appointments will be seen first.
- 5) We strive to minimize any wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.
- 6) Before making an annual physical appointment, check with your insurance company as to whether the visit will be covered as a healthy (well-child) visit.
- 7) Well visit appointment policy: Because of the length of visit, siblings will not be scheduled on the same day without prior approval by Dr. Campanelli, based on individual circumstances.
- 8) Sick Visit appointment policy: These types of appointments are scheduled the same/next day, based on 1st available appointment. Walk-ins are discouraged since this will likely prolong your wait time. If you have more than one child that needs seen, please notify us by phone, before coming to the office.
- 9) As a courtesy we place reminder calls 2 business days prior to your child's scheduled Well Child Check and Follow-up appointment. However, if your appointment is made within 1 week or your phone number has changed a reminder call will not be completed.

Insurance Plans

Please understand

- 1) It is your responsibility to keep us updated with your correct insurance information. **If the insurance company you designate is incorrect, you will be responsible for payment of the visit and you will be responsible to submit the charges to the correct plan for reimbursement.**
- 2) If we are your primary care physician, make sure our name or phone number appears on your card (if applicable). If your insurance company has not yet been informed that we are your primary care physician, you may be financially responsible for your current visit (if applicable).
- 3) It is your responsibility to understand your benefit plan with regard to covered services and participating laboratories. For example:
 - a. Not all plans cover annual healthy (well) physicals, sports physicals, hearing screens, vision screenings and developmental testing. If these are not covered, you will be responsible for payment.
 - b. For children younger than 2 years, there may be a limit as to the number of allowable well visits per year. If the number of visits is exceeded, your insurance company will not pay; you will be responsible for payment.
- 4) It is your responsibility to know if a written referral or authorization is required to see specialists, whether preauthorization is required prior to a procedure, and what services are covered.
- 5) **Coordination of Benefits:** Our practice management software allows us the capability to submit claims to a Primary and a Secondary insurance ONLY. You are responsible for any remaining patient balance once the claims have been adjudicated by both insurances. If you have a Tertiary insurance plan, you will be provided with a receipt (upon request and to be picked up at our office), that you may submit for reimbursement consideration for your paid patient balance.

Referrals

- 1) Advance notice is needed for all non-emergent referrals, typically 3 to 5 business days.
- 2) It is your responsibility to know if a selected specialist participates in your plan.
- 3) Remember, we must approve referrals before they are issued.

Financial Responsibility

- 1) According to your insurance plan, you are responsible for any and all **co-payments, deductibles, and coinsurances**. If you have a **high deductible** we require a **deposit** (to be determined at time of visit) or **credit card on file** for every office visit.
- 2) **Co-payments** are due at the time of service. This is a contractual agreement **YOU** have with **YOUR** insurance company. A **\$5.00 processing fee** will be charged in addition to your co-payment if the co-payment is not paid by the end of that business day.
- 3) Self-pay patients are expected to pay for services in **FULL** at the time of the visit.
- 4) If we do not participate in your insurance plan, payment in full is expected from you at the time of your visit. We will supply you with an invoice that you can submit to your insurance for reimbursement.
- 5) Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within **25** business days of your receipt of your bill (the end of the month).
- 6) If previous arrangements have *not* been made with our finance office, any account balance outstanding longer than 60 days will be charged a **\$20.00 re-bill fee**. Any balance outstanding longer than 90 days will be forwarded to a collection agency.
- 7) For scheduled appointments, prior balances must be paid prior to the visit.

- 8) If you participate with a high-deductible health plan, we require a copy of the health savings account debit or credit card, or a copy of a personal credit card to remain on file.
- 9) We accept cash, checks, Visa, and MasterCard credit.
- 10) A \$30.00 fee will be charged for any checks returned for insufficient funds.
- 11) MVA (all visits related to Motor Vehicle Accidents)- Must be paid in FULL at the time of the visit for ALL insurance companies, excluding the following: ODJFS Healthy Start & Healthy Families, Managed-Care Medicaid, and Tricare. You will be provided with a receipt for your paid expenses to submit to the Auto Insurance Company for reimbursement consideration.

Forms

- 1) There is no charge for the signed daycare form given at the time of your child's visit. This is considered part of the visit. However, should you lose your form, there will be a **\$5.00 charge** to replace them. If you should require more than one form, they may be photocopied.
- 2) We will fill out one school, camp or sports form at no charge. If you should lose your form, there will be a **\$5.00 charge to replace them**. Family and Medical Leave Act forms are \$16.50. Payment is due when the forms are dropped off. We require a 3-day turnaround time for their completion.
- 3) Once forms are completed, they will be kept on file for 30 days. Any form not picked up after 30 days will be discarded and there will be a \$2.00 fee per page for physician to fill out form again.
- 4) Please allow 48 hours for form completion. If you are requesting a form to be completed the same day, there is a rush fee of \$8.00 that must be paid at the time of request. Keep in mind that there is an additional charge of \$2.00 to fax these forms if you will not be picking the form up in the office.

Misc. Services

- 1) Vision/Hearing/Developmental Screening Tests: These tests are routinely administered during your child's Well Visit. They are an important part of assessing the overall health of your child. These are nationally recommended screening tools, but unfortunately, these screenings may not always be covered by insurance. If your insurance does not cover these screenings, you will be responsible to pay for the test(s) that your child has received. The charges are as follow:
 - a. Vision Screen -- \$30.00
 - b. Hearing screen -- \$20.00
 - c. MCHAT/Ages & Stages Developmental Questionnaires (ASQ:SE/ASQ-3) -- \$13.00
- 2) Faxes: There is a \$2.00 charge for this service
- 3) After Hours Phone Calls: We encourage families to call the office during regular business hours for advice. No other covering physician/nurse knows your child better than your child's physician, and they are unable access your child's medical records. The best advice that can be given to you is from your child's primary Pediatrician. After hour coverage is for urgent/emergent calls that **can not wait** until morning. There will be a \$13.00 charge for any non-urgent or non-emergency call that is made after 10:30 pm to the answering/on-call service. There is NO CHARGE currently for calls made to us during business hours. Please remember that this charge may not be covered by your insurance company and will then be your responsibility.
- 4) Due to the complex nature of some children's medical problems, the physician/nurse practitioner may need to personally contact the family to review specific health issues or treatment plans. At other times a parent may personally request that the physician/NP call them about an issue. If the parent/patient is unable to schedule an appointment with the physician/NP, a phone consultation may be done. These services are necessary, but also require extra time for the physician/practitioner. A

phone consultation fee of \$13.00 may be charged. These charges may not be covered by your insurance company.

Office Rules

- 1) Antibiotics will be prescribed when the Physician or Practitioner medically feel they are necessary, only after a thorough examination has been done. We will NEVER just call in an oral antibiotic!
- 2) We do not write prescriptions for over-the-counter medications.
- 3) Electric/Gas forms will only be signed if there is a "Life threatening medical condition" that is documented in your child's records. Signing these forms is a courtesy, and we will only do this lawfully.
- 4) Cell phones: We truly value our time with your child. Unfortunately our time as well as your time may be limited, so it is important for us to communicate efficiently to each other. This is why it is necessary for us to stress that cell phone usage in the back office or exam rooms is prohibited. If you have special circumstances that require you to have your phone on, please advise the staff of this. Please be aware though, that if phone calls are being made or answered while your child is being cared for by the medical staff, your child's visit will be postponed. This will prolong your time in the office.
- 5) NO FOOD OR DRINK IN THE BUILDING: It's difficult and time consuming for our staff to deal with spills and messes. If they are cleaning up after accidents, they won't be able to care for your child in a timely manner.
- 6) Medical Equipment: Please do not touch or allow your children to play with or touch the medical equipment in the exam rooms. These items are delicate, expensive, and sanitary. Misuse of these items can cause them to malfunction. Adequate working equipment aids in the diagnosis and treatment of YOUR child.
- 7) Please supervise your children at all times! This is your responsibility as a parent. Their safety is our main concern.

Prescription Refills

- 1) For monthly medication refills, we require 48 hours' notice, during regular business hours. Please plan accordingly. If you are requesting refill of a controlled substance (ADHD medications) to be filled the same day, there is rush charge of \$5.00 that must be paid at the time of request.
- 2) Do not call after hours to request refills on your child's medication. On call Physicians WILL NOT call in medications.

Transfer of Records

- 1) If you transfer to another physician, we will provide a copy of your immunization record free of charge, as a courtesy to you. We need 48 hours' notice.
- 2) A copy of your child's medical records is available for a \$2.00 per-page fee for pages 1-10, \$0.50 per page for pages 11-50, and \$0.20 per page for pages 51 and higher. **When transferring from the practice there is a maximum charge of \$23.00 per child or \$60.00 per family.** This fee is your responsibility and it applies for transferring records or requesting records for your own personal use.
*A written request if required to release medical records, a minimum of 10 business days must be allowed to prepared, however it may take up to 30 days from the date the release is signed.
* These are reasonable & legal copying fees.
- 3) We provide records of your child for visits (including consultations from specialists) rendered here at Austintown Pediatrics only. For any previous records, you must request them directly from your previous doctor(s).

I have read and understand this office policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Patient Name(s)_____

Responsible Party Member's Name _____ **Relationship** _____

Responsible Party Member's Signature _____ **Date** _____

On completion, we will provide you with a copy for your records.

AP 04/2012