

# PEDIATRICS EAST OF NEW YORK, P.C.

## OFFICE POLICY AS OF March 1<sup>st</sup>, 2020

**Address Change:** It is important that we have your correct address information on file. Please advise us anytime there is any change to your address, telephone or other contact information. Insurance cards must be presented at each visit.  
Copays are due upon registration.  
Referrals must be requested 72 hours prior to an appointment.  
We require a Visa/ Mastercard on file, along with your signed authorization for use.

### Office Etiquette

Please arrive on time for scheduled appointments.  
We do not tolerate any abusive or disruptive behavior to our office staff or physician.  
Please do not eat in the waiting room/exam rooms.  
NO picture taking or video making of the practice (office or staff) are allowed.  
Parents are financially responsible for replacing electronics (computers), office furniture and/or scales damaged by their children.  
Please do not allow your child to play with pocket doors, as it can be potentially dangerous.

### Miscellaneous Charges

Any examination and treatment prescribed or discussed is considered a visit and requires a copay. Full payment is due when services are rendered for self-pay patients.  
The fee for ear piercings is \$200.00, this is due prior to the piercing.  
There is a \$10 administrative fee if co-payments are not paid at the time of service.  
The charge for Medical Record copies is \$0.75 cents per page w/ a minimum of 2 weeks' notice.

### Form Charges

Well-visit summary printouts cost \$10 per summary.  
ALL School and Camp Forms incur an admin fee of \$20; with a turnaround time of 2 weeks.  
Expedited forms cost an additional \$10 per form.  
ALL Fees are due when forms are submitted.

Due to HIPPA regulations, no forms can be email or faxed directly to camp or school.  
A stamped- self-addressed envelope must be provided if you want them mailed  
Medical letters requiring chart reviews are billed \$50 fee. Fee must be paid upon letter request.  
Phone consultations requiring time and chart review are billable medical service, you will be responsible for the copay.

### Office Hours

If you need to reschedule or cancel your appointment, please notify office 24hrs prior to your appointment.  
There is NO AFTERNOON OR SATURDAY WALK-IN. Please call for an appointment.  
If you are over 10 minutes late, your appointment will be rescheduled at our discretion.  
There is a \$75 cancellation/ no show fee for missed/ no- show, no- call  
Non-emergency/ routine question calls will be returned by doctors within 48 hours.

I acknowledge receipt of this office policy

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Patient/Representative Signature

Date

If the patient listed above is a minor or is unable to sign, and you are a parent, legal guardian, or personal representative who will use e-mail to communicate about this patient, please sign above and complete the following:

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Print name Relationship to patient

Date