

Lowry Pediatrics Office Policies (Updated 1/17/2017)

We strive to provide high quality care in a child friendly setting. To help us reach our goal, the following policies are in place for our office:

_____ **Office Visits.** All office visits are to be scheduled. Please call our office before coming in. If you believe you have an urgent situation please call first. Some problems are best handled in the emergency room. Please arrive on time for your appointment. We try to offer a window of time for patients who are late but when arriving after your appointment time, it will be at the discretion of the office whether or not the appointment will be re-scheduled.

_____ **Cancellation of appointments.** To provide high quality care and in fairness to other patients and the providers, we require at least 24 hours notice to cancel appointments. There will be a \$25.00 fee for the second missed/cancelled appointment without a 24 hour notification. The practice reserves the right to dismiss patients with three or more cancelled appointments.

_____ **Telephone calls.** We strive to return calls in a timely manner. We ask that you reserve after hours calls for urgent matters only. Please save routine questions or concerns for regular office hours. Please ensure when leaving a message during office hours that you are available at that number. Providers and MA's return calls periodically throughout the day, so we ask that you can always be reached at the number you provide. Please note that prescription refills and referrals are not considered emergencies and will not be done after hours.

_____ **Personal Information.** All information will be verified at each visit, including insurance, address, and phone number. Please notify us immediately of any demographic changes. You will need to provide a new insurance card every time there is an insurance change. We will bill your insurance as a courtesy if appropriate information is provided.

_____ **Primary Care Physician (PCP).** Due to the regulations of many of today's insurance plans, you must make certain that if your insurance plan requires you to designate a PCP, that Lowry Pediatrics, PC, or one of our providers is listed on your insurance as the PCP. If our practice or a provider is not designated prior to your visit, you may be required to pay in full for all services rendered. Furthermore, you must make certain we are listed as an in-network provider for your individual plan as we are not responsible for non-covered or out-of-network services.

_____ **Payment requirements.** Co-pays are required for service at all times, a \$15.00 fee will be assessed to bill co-pays. Payment for service is due at the time of service. We accept cash, personal checks, Discover, Visa and MasterCard. A \$10.00 fee is assessed for re-deposit of checks and a \$35.00 fee for returned checks. We reserve the right to refuse payment in the form of a check if there are two returned check fees on your account. A \$5.00 per month re-billing charge will be added to all accounts 120 or more days overdue to cover cost of billing. In the event that a payment arrangement needs to be established through our billing department, patients have a maximum of six months for payment in full. Furthermore, if accounts are placed with a collection agency due to lack of payment, we reserve the right to dismiss patients from the practice.

_____ **Medicaid.** Medicaid eligibility will be verified before each appointment. We do not accept Denver Health or Kaiser Medicaid.

_____ **Private Health Insurance and Non-covered charges.** As a courtesy to you, we will accept "assignment of benefits" and will bill your insurance carrier, provided proper paperwork is provided to us. Every effort will be made to closely estimate your co-payments, which are due at the time of service, but the ultimate responsibility for the unpaid balance rests with the parent/guardian. If an insurance carrier has not paid within 60 days of billing any unpaid fees are due and payable from the parent/guardian.

Any non-covered charges by your insurance carrier will require payment in full at the time services are provided or upon notice of insurance claim denial. We suggest that you review the terms of your policy in full so that you understand what services are covered and which are not. If you have any questions regarding your policy, please contact your insurance company, as we cannot be responsible for knowing specifics of each insurance plan.

Financial policies and extended payments may be discussed with our billing department. The billing policy can only be overridden with manager's approval. If you have questions regarding your bill please contact Alyssa in the billing department 720-859-8222 ext. 6.

Lowry Pediatrics Office Policies (Updated 1/17/2017)

_____ **Lab Services.** Our office's lab of choice is CLS (Colorado Lab Services). CLS does accept most insurance plans. However, please notify the staff if your insurance plan requires labs to be sent to another lab. Please contact your insurance should you have any questions.

_____ **Vaccinations.** It is the policy of Lowry Pediatrics to require all patients be vaccinated. We encourage families to follow the AAP (American Academy of Pediatrics) schedule, but will consider an alternative minimum schedule. Please speak with your PCP, should you have any questions. We reserve the right to dismiss any patients that choose not to vaccinate out of the overall well-being of all our patients and staff.

_____ **Behavioral Health Services.** We want to be certain that you are aware of potential associated costs for behavioral health services in the office. If your scheduled visit includes spending time with both a medical provider and our behavioral health consultant you may be responsible for two co-pays at the time of your visit. Furthermore, if your insurance provider sends behavioral health costs to your deductible, you will be responsible to pay for all associated costs. Please contact your insurance carrier to determine all out of pocket costs for rendered services.

_____ **Referrals.** Referrals to other physicians or diagnostic facilities can take up to 72 hours for our office to process. Referrals will not be done after hours or on weekends. You are required to notify us at least 72 hours in advance of an appointment requiring a referral. Failure to do so may result in your referral being denied by your insurance company and therefore making you responsible for any and all charges incurred.

_____ **Records Release.** Our office has 30 business days to process and fulfill any records release requests. Records will be released to any physician upon your written request and authorization as a courtesy. There is a charge for personal records release requests. The usual fee is \$14.00 for the first 10 pages, \$.50 each page 11-40, and \$.33 for each additional page.

_____ **Electronic Health Records.** Lowry Pediatrics endorses, supports, and participates in electronic health information exchange (HIE) as a means to improve the quality of your health and healthcare experience. This program allows better patient care by allowing hospitals, labs, specialists, and primary care to exchange patient information in a central location on a web based portal.

Colorado is currently an opt-in State, therefore all patients are automatically enrolled unless they choose to opt-out. Please be assured all patient data is safe, secure, and follows all HIPAA policies. If for any reason you would like to opt-out, please ask the front desk staff for a form.

This acknowledges I have read and fully understand these policies, If I had questions about any of these policies all of my questions have been answered.

Printed Name/Relation to patient

Signature

Date

Patient Name(s)