

General Office and Financial Policies—rev. 7.24

INTRODUCTION

Beaches Pediatrics is a Pediatric practice that values individualized care but uses the most up-to-date technology.

When your child is ill, he or she will be seen the same day! If it is an urgent matter, your child will be fit into the schedule immediately so that you do not need to use the emergency room for non-emergency problems.

We look forward to meeting your family!

This document contains essential information about our professional services and business policies. Please read it carefully and discuss any questions you may have at your scheduled appointment. By signing that you have read this document, you establish an agreement between the patient and/or the patient's representative (hereinafter termed "you") and Beaches Pediatrics, PA (hereinafter termed "Beaches Pediatrics", "we" or "us").

DURATION AND NATURE OF TREATMENT

Pediatric medicine typically involves both "well" visits and sick visits. Well visits involve scheduled times where the pediatrician can review your child's overall development, including growth, developmental milestones, school progress, psychological screening, and a full physical examination. These visits tend to take an extended time and you should anticipate being in the office for at least one hour to an hour and a half. Routine "sick" visits are generally shorter visits to diagnose and treat acute illnesses or recheck children after an acute illness. These visits tend to take approximately 30 minutes with the nursing staff and physician. Complex "sick" visits are longer visits that we schedule to diagnose and treat chronic problems or more complex issues.

Due to insurance policies and regulations, any concerns, issues, or illnesses brought during a routine well visit will be coded separately and can result in copays or coinsurance charges depending on your insurance policy.

The time for all pediatric visits will vary depending on the individual child and the problem presented. Unlike adults, we cannot always accurately predict the time that a visit will take. Moreover, we will always "fit in" an urgent situation. Therefore, especially during the winter months, you should always anticipate being at the office for at least one hour. We try very hard to stay on a schedule, but one urgent situation, or one particularly sick child can change the entire day!

APPOINTMENTS AND WEB SCHEDULING

You must come to your appointments to receive proper care. You are responsible for making and keeping your appointments. We will accommodate school and work demands by providing documentation as needed. For the convenience of our patients, online web scheduling is available through our webpage www.beachespeditrics.com by hitting the “Schedule Appointment” button at the upper right corner of the page. You will be connected directly to our online live calendar, where you will be able to select the type of appointment needed, the provider you want to see, and their available time slots for that day.

If you miss a scheduled appointment and are otherwise in good standing in this practice, we will reschedule you on a space-available basis. If you have a pattern of missing appointments, we will charge \$50.00 after the 3rd consecutive no-show. We may also request that you find other pediatric care for your child. In some cases, you may request to return to Beaches Pediatrics at a later date.

CONFIDENTIALITY

All medical information about your child and his/her treatment is confidential as per HIPAA law, and will not be disclosed to anyone without your written consent, EXCEPT:

1. If the physician believes your child is a clear and imminent danger to him/herself or to another person;
2. If a person under 18 is being physically, emotionally, or sexually abused by another person;
3. If a court subpoenas the physician, or your records;
4. If an insurance company paying for your treatment requires information about diagnosis or treatment;
5. If information in your records is necessary for emergency medical care (e.g., you are being treated in a hospital emergency room and the treating physician needs information from Beaches Pediatrics)
6. To discuss your child with another of his/her medical caregivers (including therapists and psychiatrists)
7. Otherwise as provided by the HIPAA regulations and Florida laws.

RIGHTS TO YOUR RECORDS

You are entitled to a copy of your records, or a summary thereof, which is available on the patient portal. However, if your physician feels that access to those records would be emotionally damaging to you, we may decline to provide these records in accordance with the law. We recommend that you review your records with a physician who can clarify any information you might not readily understand. We will furnish your records to a physician of your choice. Patients will be charged an appropriate fee for copies of records.

OFFICE HOURS and AFTER HOURS POLICY

If you feel your child is having a life-threatening medical problem at any time, call 911 before contacting us!!

Regular office hours are Monday through Thursday 8:30 am to 5:00 pm and Fridays 8:30 am to 12:30 pm, with extended hours offered as the need arises. There is always a doctor available with whom to speak if your child has an urgent medical problem after hours that you feel cannot wait until the next business day. If the doctor on call has not responded within 20 minutes after you have called, please call back, and let the service know. We strive to answer calls promptly, but occasional service/phone malfunctions may prevent your message from reaching us! If you have a non-emergent question, feel free to use the patient portal. Please do not use the portal if you need a response quickly!!

CONTACTING US

ALWAYS REMEMBER: If you have a potentially life-threatening emergency and need help NOW, CALL 911 or GO TO THE CLOSEST EMERGENCY ROOM IMMEDIATELY. You can contact one of our physicians once the situation is stabilized.

For situations that can be managed by telephone, you may call the office during the hours listed above and speak to a staff member. The physicians are usually with patients during business hours and may not be able to take your call immediately, so be prepared to leave a detailed message and one of the nursing staff will call you back. The details you provide are crucial to obtaining a prompt and accurate response from us. Urgent matters are managed first. Nonspecific messages, such as those requesting a call back with no further details, are likely to be considered less urgent. If you would like to speak with the physician, let the nursing staff know and a physician will return your call within 24 hours.

If you need to speak with a physician urgently after office hours, you may call the regular office number. The after-hours service is provided for **urgent matters** only! Please call during regular business hours for medication dosing questions, refills, appointment scheduling, and the like. If you feel that your child needs immediate attention, go to the Emergency Room at Wolfson Children's

Hospital or one of the other pediatric emergency rooms, which have pediatric emergency specialists available 24/7. For life threatening emergencies, go to the NEAREST emergency room!

SOCIAL MEDIA POLICY

Our website, Facebook site, Pinterest, Twitter, Google +, and LinkedIN sites are for general informational purposes only. Any information on those sites, including medical opinions and any other health-related material is for informational purposes only. It should not be considered to be specific diagnostic information or a treatment plan for any individual situation. Use of these sites and the information contained therein does not create a doctor-patient relationship.

Always seek the direct advice of your child's physician, either by phone or at the office, in connection with any questions or issues you might have regarding your child's health.

TELEHEALTH POLICY

For purposes of this policy and procedure, by telehealth we mean the discrete set of codes by the Centers of Medicare & Medicaid Services (CMS) that can either be provided in-person or by using an interactive audio and video telecommunications system that permits real-time communication between the clinician at the distant site and the beneficiary at the originating site. We are the distant site when we deliver telehealth services to patients at a different location, including their home.

When one of our patients is scheduled to receive telehealth services at our location from a clinician, we will provide a private space with camera, microphone and or headset for the patient to engage in the telehealth visit. The patient will be advised to arrive 15 minutes prior to the appointment to set up and assess the equipment. The patient will be offered a knowledgeable staff member to accompany the visit to ensure a smooth telehealth experience. Before the visit, we will ensure that the clinician has been provided with the medical records needed for the visit while adhering to the HIPAA Privacy rule governing "minimum necessary" when providing records/information. Both our staff and the clinicians are clear on their roles and responsibilities, especially around consent, documentation, and payment.

All clinic participants on the call will clearly introduce themselves to the patient and wear or otherwise display their first and last names and credentials. MA/nurse will Confirm the patient's identity - picture on file, name, date of birth, etc. Conduct intake, including the portions usually performed by reception staff for in-person visits:

- Advise the patient how to make their copay.

- Discuss back up plan for if the audio or video fails or the technology otherwise is not working for the patient or the care team, including a number to call the patient or for the patient to call the clinic.
- Confirm and document the patient’s physical location in case emergency or other services need to be called to assist the patient in the event of serious signs or symptoms.
- Obtain consent for the telehealth visit, depending on patient’s primary insurance: Medicare/Commercial Insurance, Medicare requires beneficiary consent – verbal or written – for telehealth and other virtual services as well as notification of any applicable cost sharing, including potential deductible and coinsurance amounts. Consent will be documented in the patient’s medical record.
- Perform check-out for the patient at the conclusion of the visit as per our procedure for in-person visits, including asking the patient if they have any additional questions about their treatment plan and scheduling any follow-up or other visits

APPOINTMENTS

Your appointment time is scheduled only for you. There is no “double booking.” Please try to arrive a few minutes early to allow time to review your insurance and demographic information and make any necessary changes. If you need to cancel your appointment, please let us know at least 24 hours in advance so we can give that appointment slot to someone else. If you cancel with less than 24 hours’ notice, that appointment time is considered lost. There will be a \$50 cancellation fee unless otherwise prohibited.

If you arrive for your appointment and find that the physician is running late, we apologize for the inconvenience. In most cases, the delay results from an emergency involving another patient or family, and the doctor needs extra time to manage the situation. Should you have a similar emergency one day, we will do the same for you. If your wait is more than a few minutes, we will inform you as promptly as possible and offer to reschedule your appointment. If you choose to wait, be assured you will receive the same careful attention as always during your appointment.

REFERRALS

If your child needs to be seen by a specialist and your insurance company requires a referral, we will obtain the referral for you. This referral can take up to 72 hours to obtain. It is your responsibility to be sure that the specialist with whom you make an appointment is on your insurance plan. Beaches Pediatrics is not responsible for assuring that a specialist is on your plan. There may be a charge for the time it takes to obtain a referral authorization.

MINORS

A parent or guardian must accompany any child under the age of 18 who is seen in our office. Other adult caretakers may bring a minor child but must have a signed authorization on file with us before we are able to see the child. Whoever accompanies the child on the visit is responsible for any payment that is due at the time of the visit. Divorce settlement/financial responsibilities must be worked out between the parents before the time of the visit.

PAYMENT AND INSURANCE

Payment for services is due at the time of your appointment, and your account must be settled at each visit. You can pay with a credit card or check.

Beaches Pediatrics participates in most commercial insurance plans as well as many Medicaid plans. As a courtesy to you, we make every attempt to verify that your insurance company will cover your child's visit with us. However, it is YOUR RESPONSIBILITY TO ASSURE THAT YOUR INSURANCE COMPANY HAS LISTED US AS AN IN-NETWORK PARTICIPATING PROVIDER AND WILL COVER YOUR CHILD'S VISIT. If you are not using insurance, or if you are using insurance and will be billing your insurance carrier directly for reimbursement, or if you have a "deductible" plan, your payment will be the entire cost of the service rendered. If you have a standard insurance plan, you will pay a fixed cost determined by the insurance company. INSURANCE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY. WE WILL NOT BECOME INVOLVED IN DISPUTES BETWEEN YOU AND YOUR INSURANCE COMPANY. YOU ARE RESPONSIBLE FOR THE TIMELY PAYMENT OF YOUR ACCOUNT. You are responsible for the payment of all non-covered services as well as unmet insurance deductibles. If you have questions about what services are covered, please contact your insurance company. If you have other questions about insurance and billing, please ask at the front desk.

If you have a credit on your account you may choose to use it at an upcoming appointment; otherwise, credit balances will be reconciled in accordance with our policies and procedures and refunded.

AVOIDING UNPAID BALANCES

We want this practice to be here to care for our patients for many years to come. One way we can do this is by minimizing expenses associated with billing and collecting so that we can focus on providing excellent pediatric care.

Once the insurance company has filed your "explanation of benefits", the patient remainder may be charged to your credit card if you prefer, or you may pay the balance in an alternative way. If there is any remaining outstanding balance at the time of your next visit, you can settle your account at that time. WE DO NOT STORE CREDIT CARD NUMBERS.

If adverse circumstances temporarily interfere with your ability to pay your entire balance or billed amount immediately, Beaches Pediatrics, at its discretion, may take no action for 30 days. After 30 days, your account will be assessed an additional charge and will begin incurring interest charges. If your account becomes delinquent and we are forced to turn your account over to a collection agency or attorney for collection, the financially responsible party must pay the collection agency's fee and all costs of collection, including reasonable attorneys' fees. Currently, our collection agency charges 30% of the account balance. By seeking treatment at Beaches Pediatrics, you agree to these provisions.

FEE DISCLOSURE FOR NON-COVERED COSTS

Many services that our patients need are not covered by insurance. Letters and other paperwork, consultations with lawyers or other professionals, obtaining prior authorizations for medications or procedures are just some of these services that are of considerable value to our patients. This type of work, once an infrequent inconvenience, now requires a substantial amount of a staff or physician's time outside of scheduled appointments. Often this work requires an additional two hours to a full day of time.

Therefore, since January 1, 2020, there has been a charge for these non-covered services. These charges may not be covered under your insurance. Please contact our office for more information.

Some of the procedures recommended at routine well and sick visits may not be covered by your insurance policy. You will be responsible for these charges. Please review your policy before your visit so that you are aware of your insurance coverage. Please ask before your visit what tests, lab work or other procedures will be done.

Professional Services (rates vary depending on the provider performing the service):

- Letters to employers, schools, lawyers, etc. \$25.00
- Disability, FMLA paperwork, etc. \$175.00
- Comprehensive chart Reviews \$200.00/15 min
- Consultation with schools, lawyers, parents, etc. \$200.00/15 min

Other Services and Fees

- Paper Copy of Medical Records \$1.00/pg. first 25 pgs.,
then \$0.25/pg. (as per state law)
- Immunization record and college forms \$50.00
- Sports Physicals \$25.00 at well check,
otherwise \$50.00



ASSIGNMENT OF BENEFITS FOR INSURED PATIENTS

I authorize Beaches Pediatrics to bill my insurance company directly for services rendered to my child or me. I authorize the insurance company to send payment for services directly to Beaches Pediatrics. In the event I receive payment directly from my insurance company for services rendered by Beaches Pediatrics, I agree to promptly endorse any check received from Beaches Pediatrics. If my insurance company does not pay for any reason, then I agree to be responsible for payment.

RELEASE OF RECORDS FOR BILLING PURPOSES

I authorize Beaches Pediatrics to release to third-party payers and collection agents' information needed to process my insurance claim or collect overdue balances. I understand that such information may include details of my medical evaluation and treatment. As part of the medical record, the following information will be released unless stricken: sexual abuse information, sexually transmitted diseases information, drug and alcohol abuse information, psychiatric and mental health information, and AIDS/HIV information.

I have read, understood, and agreed to the above policies.

Name of patient or guardian (if patient is under 18)

Signature of patient or guardian (if patient is under 18)

Relationship to patient (if patient is under 18)

Date