

# Patient Care Policy



**Sanford Pediatrics, P.A.**

*Parents and pediatricians are partners*

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NC MEDICAID

- Sanford Pediatrics is an in-network provider for NC Medicaid patients who are enrolled in Lee County. Patient born at hospital or facility who are Lee County Medicaid recipients may request to be followed up by Sanford Pediatrics for their continued care following newborn discharge. In order to maintain continuity of care, patients residing outside of Lee County would need to be directed to a provider for their county. If patients doesn't know who is available their Medicaid case worker in the county in which they reside should be able to inform them of available options to them.
- In order for newborns to be seen in a timely manner, Sanford Pediatrics will see newborns in the first month of life as "pending Medicaid" if office is informed at the time of scheduling the initial visit of patients "Medicaid pending" status. Any charges incurred during this period will be billed to the patient privately until the parent/guardian provides proof of enrollment and ID number to the office. Once information is provided we will send claims to Medicaid for processing and remove from patient responsibility. Following the initial newborn period patients are responsible for presenting their Medicaid card at the time of each visit if needed for verification purposes. It is the responsibility of the patient to maintain their eligibility status. Eligibility is verified through the state website at the time of each visit. If patient doesn't verify for active coverage the patient/parent will be responsible for payment for the visit at the time of service unless other arrangements are made prior to the service.

#### **PRIVATE INSURANCE AND PRIVATE PAYMENT POLICY**

- Sanford Pediatrics participates with many but not all health insurance carriers. If you have any questions about whether we participate in your plan, please contact our office to inquire. Most private insurances have copays, coinsurance, or deductibles which are patient responsibility. Copays are required to be paid at the time of the visits. High deductible health plan members will be asked to pay \$50 per visit minimum at the time of the visit unless deductible has been met. Any exceptions should be discussed and arranged prior to receiving services. Coinsurance, patient deductibles, or non-covered services are the patient's responsibility and are due within 30 days of billing. In accordance with our managed care contracts, Sanford Pediatrics will file claims for all services in a timely and accurate manner. It is the responsibility of the patient to notify our office if there are any changes in your policies or coverage and ensure we have been provided the accurate and up to date policy information. We will be happy to file insurance claims for all visits for patients except for vehicle insurance (auto accidents) or worker's compensation. We will, however, provide the documentation needed for these insurances upon request. If you do not provide the correct insurance information for us to file within the insurance companies time limits, the account balance is the responsibility of the patient/responsible party. If a patient has extenuating circumstances prohibiting paying their bill promptly, it is the responsibility of the patient/responsible party to contact our billing office to discuss payment arrangements. If account balances are not paid or payment arrangements made, and account becomes delinquent, the account will be turned over to a collection agency and action to dismiss patient family and terminate care will begin. We will make every effort to assist you with payment options if needed and requested. Please ask to speak with a member of our billing department if you have any questions regarding our payment policies and billing arrangements.

## CIRCUMCISIONS IN OFFICE

- Sanford Pediatrics will perform circumcisions for patients requesting service in our office with the following understandings:
- Circumcisions may be performed in the office for males between the ages of birth and 2 weeks of age. Any variance to age limits will be on a case by case basis as determined by physician performing the surgical procedure.
- The charge for the circumcision of \$250.00. Payment is due in full the day of the service prior to surgical procedure being performed. We accept cash, credit, or debit card as payment. (We do not accept personal checks for payment for circumcisions.) The provider performing the circumcision will perform a physical exam on the child prior to the procedure (may incur a separate charge) and the exam will be billed to the patient's insurance if desired. If "insurance does not cover" the patient may be responsible for the exam charge as well. If patient is established with another primary provider and can provide written proof of exam from their provider that child is healthy and cleared for a circumcision, the physician may choose to forego the full physical exam prior to the circumcision and the only charge for that day would be for the surgical procedure/circumcision (\$250).
- Patient will be requested to return for a circumcision follow-up one week after the plasti-bell falls off. There is no additional charge for the circumcision follow up visit. If patient is to continue care here this appointment may be in conjunction with another scheduled visit or service. If patient was see for "circumcision only" follow-up for post-surgical check of the circumcision will be at no charge. Any other medical concerns are recommended to be addressed by patient/parent's chosen primary care provider.
- Circumcisions performed in the office for patients with private insurance the following applies:
  - If we are an in network provider with their plan we will file the insurance and balance bill the patient for any patient responsibility if needed.
  - If patient has private insurance and we are out of network the patient needs to pay for the circumcision and we will submit the claim for them as a courtesy but will not accept assignment from the insurance company. In the event that the insurance company sends the payment to Sanford Pediatrics we will reimburse the amount paid by the insurance company to the patient.
  - If a patient wants a "circumcision only" but will be receiving their primary care elsewhere we reserve the right to request payment for the circumcision prior to the procedure regardless of the insurance. If they provide insurance information at the time of the service we will be happy to submit the claim for the patient for reimbursement to the patient. This decision is due to the fact that the patient will not be returning for any further care and is seeking to have an elective surgery done by our office instead of their PCP.

## SANFORD PEDIATRICS VACCINE POLICY STATEMENT

Based on all available literature, evidence and current studies:

- Vaccines are effective in preventing serious illness and in saving lives.
- Vaccines are safe.
- We know that vaccines do not cause autism or other developmental disabilities.
- Thimerosal, a preservative that has been in vaccines for decades and remains in some vaccines, does not cause autism or other developmental disabilities.
- Vaccinating children and young adults may be the single most important health-promoting intervention we perform as health care providers, and that you can perform as parents/caregivers.
- The recommended vaccines and their schedule given are the results of years and years of scientific study and data gathering on millions of children by thousands of our brightest scientists and physicians.
- All children and young adults should receive all of the recommended vaccines according to the schedule published by the Centers for Disease Control and the American Academy of Pediatrics.
- The vaccine campaign is truly a victim of its own success. It is precisely because vaccines are so effective at preventing illness that some question whether or not they should be given. Because of vaccines, many of you have never seen a child with tetanus, whooping cough, bacterial meningitis or even chickenpox, or known a friend or family member whose child died of one of these diseases. Such success can make us complacent or even lazy about vaccinating. But such an attitude, if it becomes widespread, can only lead to tragic results.
- For example over the past several years, many people in Europe have chosen not to vaccinate their children with the MMR vaccine after publication of an unfounded suspicion (later retracted) that the vaccine caused autism. As a result of under immunization, there have been large outbreaks of measles and several deaths from complications of measles in Europe over the past several years.
- In 2010, there were more than 3, 000 cases of whooping cough in California, with 9 deaths in children under 6 months of age. Many who contracted the illness (and passed it on to infants) had made a conscious decision not to vaccinate.
- By not vaccinating your child, you are taking advantage of thousands of others who do vaccinate their children, which decreases the likelihood that your child will contract one of these diseases.
- We are making you aware of these facts not to scare you or coerce you, but to emphasize the importance of vaccinating your child. We recognize that the choice may be a very emotional one for some parents. We will do everything we can to convince you that vaccinating according to the schedule is the right thing to do. However, should you have doubts, please discuss these with your health care provider in advance of your visit.
- Finally, if you should absolutely refuse follow the vaccine schedule published by the CDC despite all our efforts, we may ask you to find another health care provider who shares your views. We do not keep a list of such providers nor would we recommend any such physician. Please recognize that by not vaccinating you are putting your child at unnecessary risk for life-threatening illness and disability, and even death.

## **NO SHOW POLICY**

Occasionally, we all miss an appointment. However, repeated missed appointments are unacceptable, and results in delayed care for other patients. Our goal is to accommodate patients in a timely manner. In order to do so, we are implementing the following no show/cancellation/reschedule policy, effective 11-1-2015.

### **What is considered a “NO SHOW?”**

Failing to come to an appointment without calling to cancel prior to the appointment.

If an emergency arises and you are unable to keep your appointment and you call prior to the appointment time it will not be considered a no show.

### **What is the penalty for repeated “NO SHOW” for appointments?**

**1<sup>ST</sup> offense**-You will be allowed to reschedule a second appointment at the next available appointment time with a verbal reminder of our “no show” policy.

**2<sup>nd</sup> offense**-You may schedule another appointment as available but may not schedule appointments with multiple children on the same day with verbal notice that it is the second offense and reminded of office no show policy of 3 no shows may result in dismissal from the practice.

**3<sup>rd</sup> offense**-if you have a 3<sup>RD</sup> NO SHOW appointment per family within a two year period appointments may only be made with the approval of a physician or office manager. Three no show appointments within a two year period per family may result in dismissal from the practice for all family members.

**IF A PATIENT/FAMILY HAS 3 OR MORE “NO SHOWS” WITHIN TWO YEARS A LETTER OF DISMISSAL FOR THE PATIENT AND ANY FAMILY MEMBERS WILL BE SENT TO THE PATIENT NOTIFYING THEM OF DISMISSAL FROM THE PRACTICE. IT WILL BE THE RESPONSIBILITY OF THE PATIENT TO ESTABLISH WITH ANOTHER PROVIDER FOR THEIR FURTHER HEALTHCARE NEEDS. IF PATIENT’S COVERAGE REQUIRES CHOOSING A PRIMARY CARE PROVIDER IT IS THE RESPONSIBILITY OF THE PATIENT AND/OR PARENT TO NOTIFY THEIR CARE MANAGERS OF THE NEEDED CHANGE TO ANOTHER PCP. EMERGENCY CARE WILL BE PROVIDED BY OUR OFFICE IF NEEDED FOR A 30 DAY PERIOD TO ALLOW PATIENTS TO ESTABLISH WITH ANOTHER PROVIDER.**

### **Missed Appointments:**

#1 - Staff will document in your chart. Phone call will be made.

#2 - Staff will document in your chart. Another call will be made.

#3 - Staff will document in your chart. At this point, your provider may **DISMISS** your child (and all siblings) from the practice

## SICK VISITS VS. WELL VISITS OR BOTH?

**A SICK VISIT** is an office visit for an acute problem or flare-up of a chronic problem. This could also be an office visit to follow-up on chronic problems (Attention Deficit Disorder, Asthma, Elevated cholesterol, Blood Pressure, etc.).

**A WELL VISIT** is an office visit for a routine physical exam or yearly health maintenance exam.

**A SICK/WELL VISIT** is a **combination visit** of a routine physical exam where an acute or chronic issue is addressed as well. For example, if you presented today for a well visit and you have an acute or chronic issue you would like addressed, it is considered a **combination visit** and must be billed differently than just a well visit or just a sick visit.

**WHY IT IS BILLED DIFFERENTLY:** It is billed differently to account for the additional work, expertise and time required for a combination visit (additional lab work, x-ray, referrals and/or prescription medications). It involves additional documentation as well. For example, think about taking your vehicle in for an oil change (routine maintenance), and mentioning to the mechanic that your brakes are squeaking and your windshield wipers are not working well. In addition to the oil change, you might require additional brake work if a problem was found, and replacement windshield wipers. Since additional services were provided, you would be charged more than just for the oil change.

**HOW THIS AFFECTS ME:** Although many insurance companies acknowledge the sick/well visit combination, some of them still require the patient to pay two co-pays or have additional costs applied to his/her annual deductible.

## ANNUAL PHYSICAL EXAMS

Annual physical exams target preventative care and are billed as such. **Medication refills and/or other ailments, injuries, or illnesses addressed during an annual physical exam are billed IN ADDITION to the annual physical. These charges may be passed on to the patient.** Please check with your insurance company to confirm your coverage for all types of doctor visits.

We realize this can be confusing, and if you have any questions or concerns after reviewing this material, please ask.

## PRESCRIPTION REFILL REQUESTS

- Request for prescription refills for chronic medical conditions will be given if patient is up to date on recommended follow ups for treated conditions. We recognize faxed requests from pharmacies or phone requests from parents. Prescriptions requiring pickup up (controlled meds such as ADHD meds) must be signed for and picked up by an authorized adult.
- ***A 24 hour notice is requested for medication refills.***

## PATIENT REQUEST FOR FORM COMPLETION

- Patient forms brought at the time of a visit will be completed for patients at **no charge** at the time of the visit and returned to the parent before departure.
- Daycare, kindergarten, headstart, sport participation forms, school medication forms, WIC forms, etc. brought to the office when not in conjunction with a visit will be completed for patients at no cost as long as patient is up to date on immunizations and physicals as required by recommended guidelines, document, and requesting party. **We will not complete any forms unless patient meets the requirements.**
- Copies of patient immunization records will be provide to patients **at no charge**. (calling ahead before coming will allow us to have a copy your immunization record ready for you on arrival)
- **A 24 hour notice for form completion is requested** as we cannot ask a physician to stop seeing patients to complete forms. Forms are completed by the physician when they have finished seeing patients for the day. **The parent's portion of the form must be completed prior to physician completing the physical portion of the forms.**

## NOTICE OF PRIVACY PRACTICES

We (Sanford Pediatrics, P.A.) are required by law to maintain the privacy of "Protected Health Information." "Protected Health Information" includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payments for your health care.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures we will make of your protected health information. We must comply with the provisions of this notice, although, we reserve the right to change the terms of this notice from time-to-time; and to make the revised notice effective for all protected health information we maintain.

A FULL COPY OF THE NOTICE OF PRIVACY PRACTICES FOR SANFORD PEDIATRICS IS PUBICALLY POSTED IN OUR OFFICE. FOR DETAILS PLEASE SEE POST OR YOU MAY REQUEST A COPY OF OUR MOST CURRENT PRIVACY NOTICE FROM TOMMIE ANGEL, PRACTICE MANAGER AND PRIVACY OFFICER.

If you have any questions about this Notice please contact Tommie Angel, Sanford Pediatrics, P.A.'s Privacy Official, at 919-774-7117.