

PEDIATRIC ASSOCIATES OF BROCKTON
Office Policies - 12.9.25

Cancellation Policy:

Pediatric Associates requires 24-hour notice of cancellation for all previously booked appointments. Any patient who calls within the 24 hours will not be charged for the first offense but all subsequent cancellations that fall within 24 hours of the appointment will be subject to a \$50.00 fee. Also, any patient that does not show up for his/her previously scheduled appointment will receive a reschedule letter, the second time you will receive a letter as well as a \$50.00 charge and the third time you will receive a letter from your PCP, a \$50.00 charge and perhaps discharge from the practice for non-compliance. The appointments are very valuable to our patients who are waiting for his/her physical exam.

Late Policy:

Patients coming in more than 15 minutes late for his/her physical exam may be asked to reschedule the appointment. Front desk staff will notify the physician of the late arrival and the physician will make the final decision. This policy is being implemented to help alleviate the physicians from running behind schedule. We hope that all parents/patients will understand that there are times when a physician cannot control patient emergencies that may set them behind schedule. Pediatric Associates strives to do our very best to be available to all our valuable families in their time of need.

Co-payment Policy:

Co-payments are due at the time of visit upon check-in. Patients that do not make his/her co-payment will be reminded of the co-payment policy via handout and will be informed that the co-payment will need to be paid prior to their next visit. Upon arrival at next appointment if the previous co-payment has not been paid, the parent/patient will need to pay both co-payments at that time. If a patient has a family balance greater than \$100 and there is no payment plan in place the physician will be notified and may decide to reschedule the appointment. The patient will not be allowed to reschedule their visit if payment has not been made towards decreasing the balance owed. Repetitive non-payment could result in termination from the practice. As always, we will not refuse to see any patient who is sick.

Non-Covered Physical Exams:

Physical exams not covered by his/her insurance carrier must be paid at the time of the visit. PAB will not bill for any physical exam not covered by insurance. All family balances must be paid prior to coming in for their annual physical. This includes siblings. All patients carrying a balance from the previous years will need to work out a payment plan with our billing department. We are willing to work with anyone's budget as long as a commitment to pay is made. Payments must be made every month on all previous balances.

School/Camp Forms:

School/Camp forms will be completed once per year for all patients who request. We ask that if you feel you will need more than one throughout the year that you make a copy and hold on to it. Any additional form requests throughout the year will require a \$5. processing fee payable upon receipt of completed form.

Medication Refills:

Medication refills will require that all patients are up to date with his/her annual physical exam. It is very important for your child's PCP to monitor his/her medication. Therefore, patients diagnosed with ADD/ADHD, Depression, and/or Asthma are required to come in for routine follow-up appointments throughout the year in order to receive his/her medication refills. Patients recently started on ADHD/Stimulant medications must be seen within 28 days of initial prescription. Patients on birth control will need to be seen at least every six months for follow-up appointment. As always if a patient calls sick needing their medications filled we will not withhold filling their scripts. The patient's PCP will be notified if necessary.

Please understand that pediatricians are required to monitor your child's physical as well as mental health by all insurances. It is our pleasure to do so. However, we feel it is a team effort starting with the parents, patients to our physicians, nurses and staff. Together we can best serve our valuable families in hopes to a happy and successful adult life.

I have read and accept the policies provided to me by Pediatric Associates Inc. of Brockton.

Children's Names:

DOB:

Name

Date

Signature

Date