

SuperKids Pediatrics Office Policies

9121 N Military Trail Suit 102, Palm Beach Gardens, FL 33410

Phone: 561-619-2460 ~ Fax: 844-886-3192

Appointment Policy

It is our intention to provide your children the best care possible at all times and to accommodate as many requests as is realistic and feasible. It is within this context that we ask you to take a few moments to review policies that affect the way services are provided.

In the Office

- **Arrive early.** Please remember that all insurances require that your insurance data be updated prior to each encounter. This usually takes a few minutes. If this is not done, your insurance may deny your claim.
- **Schedule an appointment by calling 561-619-2460.** Walk-in patients are offered the first available appointment.
- **Schedule same-day appointments for ill visits.** Appointments are used on a first-available appointment basis.
- **Patients who arrive on time are seen at their appointment time.** Patients who have arrived on time will be seen ahead of those who arrive late. If you arrive late, we may need to reschedule your child's visit.
- **Call ahead if you are late or unable to make your appointment time.** We will do all that we can to accommodate your child's appointment and to minimize the need to reschedule your appointment.
- **Late arrivals (>15 minutes after scheduled appointment) will be offered the next available appointment.** In these cases, a no-show charge for the lost appointment will apply. While we will do all that is possible to accommodate requests, the first-available appointment may or may not be on the day the appointment was missed.
- **The no-show charge will be waived if you contact the office before your appointment.**
- **Appointments for additional children should be made by phone prior to coming to the office.** If you would like another child to be seen, please schedule appointments for both children by phone prior to coming to the office.
- **Turn off cell phones in the office and examination rooms.**

After-hours Call Service

• **Please limit after-hour calls to urgent issues only. For emergencies call 911.** For refills, appointment requests, and other no urgent matters, you may leave a message or call the office during regular hours. Please also do the following when using this service:

- When leaving a message, please speak slowly.

- Be sure to leave a callback number.
- Follow the doctor's instructions.

Vaccine Policy Statement

We will offer our patients immunizations following the Centers of Disease Controls and Prevention and American Academy of Pediatrics recommended schedule. We firmly believe that all children and young adults should receive all the recommended vaccines. However, we are more than happy to spend time with you in discussing available science behind each intervention, concerns, myth busting, defining different care paths, and how vaccines relate to diseases and preventive care.

Alternative Vaccine Schedule

You may wish to pursue an alternative schedule, even though this is not recommended by the Center for Disease Control and Prevention's (CDC) and your provider. If you should choose an alternate vaccine schedule for your child, please be aware that your insurance company may not reimburse you for vaccination or administration fees not completed while the "standard" well child check visit is done. In addition, you may be charged a copay for returning for an office visit to receive the vaccines. In all cases, whatever your insurance company does not cover will be your responsibility.

It is standard procedure for physician to submit claims for "illness" related evaluation which are done during a well exam schedule visit. This is not a new billing policy or procedure but rather a standard evaluation of a separate event a may require applicable copay based on the rules of your insurance.

We encourage all families to know as much as they can about their insurance plan, please check with your insurance company before proceeding.

We are here to provide the best care to your children should the need arise. If you have any questions, please do not hesitate to contact the practice manager at SuperKids Pediatrics. As always, we welcome the opportunity to care for your children and appreciate your trust in the services we provide.

I have read and agree to all the provisions of the above Office policies.

Signature of Responsible Party: _____ Date: _____