

Patient Initial: \_\_\_\_\_ (DOB: \_\_\_\_\_ ) Patient Initial: \_\_\_\_\_ (DOB: \_\_\_\_\_ )  
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## GENERAL OFFICE POLICIES

Welcome to My Kid's Pediatrics and Adolescent Care. Our goal is to provide and maintain a good provider-patient relationship. Letting you know in advance of our office policy allows us for a good flow of communication and enables us to achieve our goal. Please read each section carefully. If you have any questions, do not hesitate to ask a member of our staff.

### **Appointments:**

- Please arrive on time. We will need to verify your insurance information, collect any necessary paperwork and any co-pays.

### **Scheduling Appointments:**

- You can schedule an appointment by calling **703-865-KIDS (5437)**.
- You may be able to schedule same-day appointments for illness visits. Appointments are given on a first-available appointment basis.
- Before making an annual physical appointment, check with your insurance company whether the visit will be covered as a healthy (well-child) visit.

### **Missed Appointments:**

**For missed appointment there is a fee of \$35.**

- We understand that sometimes you cannot make your appointment. Please call us by **12:00pm (Noon) the day before the appointment** to cancel or change your appointment.
- You will **NOT** be able to schedule the next appointment before clearing the missed appointment fee.
- Late calls **after 12:00pm (Noon) the day before the appointment** or no call to our office equals a "No Show" and there will be a missed appointment fee charged.

### **Late Cancellation:**

- Contacting us after 12:00pm (Noon) the day before the appointment is considered as a late cancellation.
- Please call us by 12:00pm (Noon) the day before the appointment to cancel or change your appointment.
- If you are unable get hold of us please leave us a voice mail or send us an E-mail.

### **Late arrivals:**

**For late arrival and late cancellation there is a fee of \$35.**

- Arriving later than 15 minutes after scheduled appointment time is considered as late arrival.
- If you are late, you will be offered the next available appointment time, we may need to shorten or reschedule your child's visit.
- Patients who arrive on time will be seen ahead of those who arrive late.

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- While we will do all that is possible to accommodate the requests, the first-available appointment may or may not be on the day the appointment was missed.

#### **Well visits and illness:**

- If your child is ill on their well child visit, the visit may be changed to an illness visit and you will need to reschedule their well child visit. This is to ensure we provide the best care to your child.
- Depending on your insurance policy, you may be responsible for co-pay.

We strive to minimize any wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.

#### **After-hours Call Service:**

- Please call 911 for any life threatening emergencies.
- You can refer to useful links on [mykidspediatricians.com](http://mykidspediatricians.com) for common illness and Tylenol/Motrin dosing.
- For refills, appointment requests, and other non-urgent matters, you may leave a message or call the office during regular hours.
- Please limit after-hour calls to urgent issues and emergencies.

Please do the following when using after-hours call service:

- When leaving a message, please speak slowly. Be sure to leave a callback number. Disable your call block feature. Follow the doctor's instructions.

#### **Mask Policy for Unvaccinated Patient:**

- All patients who have never been vaccinated, whether for medical or non-medical reasons, will be required to wear a mask in the waiting room. This is to protect the health and safety of our patients and staff.
- We strongly believe in timely vaccinations as a protection against illnesses that can kill, debilitate, or necessitate repetitive antibiotic use. If you are on an alternative vaccination schedule please discuss with provider regarding the mask policy.
- Families who do not comply with this will be dismissed from our practice.

#### **Referrals:**

- Advance notice (7 business days) is needed for all non-emergent referrals.
- It is your responsibility to know if a selected specialist participates with your plan. Remember, we must approve referrals before they are issued.

#### **Additional Fees:**

- Many forms require the information to be based on an examination completed within 12 months of the date the form is completed. Or may require specific evaluations that were not performed at the routine physical examination (Ex. sport vitals, asthma/allergy treatment plans). Therefore, an additional office visit may be required.
- No form will be completed without a physical examination in our office within the past 2 years. Forms are completed on the basis of examinations conducted by providers in the medical group only. Examinations performed by other health facilities will not be co-signed by our providers.
- Forms will be released only *to parents and authorized delegate* due to Health Insurance Portability and Accountability Act (HIPAA) regulations. We can mail the forms to the home address on file at

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your request. Please provide us with a self-addressed envelope for this purpose. Please refer to our financial policy for the form fees.

**Transfer of Medical Records:**

- If you are transferring to another physician, we will provide a copy of patient’s immunization record, growth chart, and most recent well child check up free of charge.
- There will be fees associated for any other medical records.
- We do require at least 48 hours notice in order to process the medical records needed.
- Please note, you have access to your child’s medical records, lab results, immunization records and visit history, via our patient portal at [www.mykidschart.com/mykidspecs](http://www.mykidschart.com/mykidspecs).
- We only provide records of patients for visits are performed here at My Kid’s Pediatrics and Adolescent Care, including consultations from specialists as well.
- For any previous records, you must request them directly from your previous doctor(s).

**Prescription Refills:**

- For monthly medication refills, we require at least 5 business days needed. Please contact us during regular business hours and plan accordingly.

**I have read and understood this office policy and agree to comply and accept the responsibilities.  
I also understand and agree that the practice may amend such terms from time to time.**

Parent/Guardian’s Name (print): \_\_\_\_\_ Relationship to Patient(s): \_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The General Policies of My Kid’s Pediatric and Adolescent Care, as well as our Financial Policies, are posted on [mykidspediatricians.com](http://mykidspediatricians.com).*