# **SOUTHLAKE PEDIATRICS**



5000 Southlake Park • Suite 250 • Birmingham, Alabama 35244 205.982.2500 • 205.982.2574 Fax www.slpeds.net

Welcome to Southlake Pediatrics!

We would like to take the opportunity to thank you for bringing your family to us for your medical care. There are some policies and procedures that we would like for you to be aware of.

#### **Appointments:**

Monday through Friday, our phones are turned on at 7:30 every morning, rolled to the answering service for lunch from 12:00-12:30, and turned back over to the answering service between 4:00-4:30. Please be advised that our physicians reserve the right to turn the phones off earlier if necessary, however, no matter what time our phones are rolled over, our answering service is always taking calls for us. \*\*APPOINTMENTS MUST BE MADE – NO WALK-INS\*\*
\*\*\*IF YOU ARE MORE THAN 15 MINUTES LATE FOR YOUR WELL CHILD APPOINTMENT, YOU MAY BE ASKED TO RESCHEDULE\*\*\*

#### Cell Phone Use

Due to HIPAA privacy and security federal regulations, we ask that all cell phones, pagers, and two-way telephones be turned off. Please respect this request when you are in the rooms with the nurse and physician as well. We do not want there to be any hindrance in our ability to communicate with you in the care of your child.

#### **Prescriptions**

Prescription refills must be made 48-72 hours in advance. Any prescriptions requiring an actual script (ADD medications), cannot be called in to a pharmacy. It must be picked up at the office. If you prefer the prescription to be mailed to you, please leave <u>self-addressed and stamped envelopes</u>, and we will mail the prescription to you. Please take into consideration the extra 2-3 days mailing times when calling for the mailed prescription and call at least 5 days ahead for these types of prescriptions.

#### Waiting Rooms

We have three waiting rooms —we designed our waiting area specifically to meet the needs of our patients. The main waiting room is normally called the "sick" waiting room. This room is for all children that have any illness, potential illness, or possibly unresolved illness. We also have a teen waiting area for our older patients that allow them to have space away from the younger patients. The third waiting area is the well child waiting room. Please be aware that only well child appointments with no symptoms of possible illness may sit in the well room. Rechecks, follow-ups, injuries, headaches, backaches, etc. must not wait in the well room. We are sorry for the inconvenience, however this is of the utmost importance to limit exposure of children, especially newborns, to any potential illness. You will be asked to leave the well room if your child has any symptoms whatsoever that may expose other children.

# **Well Child Visits**

If issues arise other than preventative care during the well child exam, your insurance may apply a co-pay to the visit. For example, your child comes in for his well visit, but has an ear infection; the sick visit may be billed to your insurance with the well visit. You may be billed for your copay amount for the sick visit part of the exam. These are your insurance company requirements.

#### **Shot Only Appointments**

If your child needs to come in for a shot only appointment, we schedule these appointments Monday-Thursday 8:00-4:00 & Friday from 8:00-3:30

We will not collect a co-pay for this visit. It will be billed to the insurance company. However, if they hold you responsible for a co-pay due to your benefit plan, you will receive a statement for it. You will be billed one statement to pay the balance due. If the payment is not received on the account within 30 days, a late fee of \$5 will be assessed on your account.

# Fees/Charges

#### **Late Charges**

All deductible/copays/percentages/coinsurance amounts are due at the time of service. Co-pays will be collected during your check-in at the front desk. Deductibles/percentages/coinsurance amounts will be calculated at check-out. There will be a \$5.00 late fee *per child* if any amount that is due by the responsible party at the time of service is not collected on the day of the visit. This charge will be removed from your account if it is paid by the end of the month in which you bring your child(ren). If it is not paid, the \$5.00 late charge will remain on the account. This is done to help minimize the overhead of sending out monthly statements and letters requesting payment.

#### **No Show Fees**

A \$25.00 no show fee per child will be charged for all patients who do not show up for well-child and ADD evaluation appointments. These appointment times are twice as long as sick or recheck appointments and are held in advance especially for your child to see the physician for an extended period of time. We require 24-hour notice for cancelling or rescheduling one of these appointments. If you have a last-minute emergency, a phone call must be made first thing in the morning (7:30am), so that we can attempt to fill in the appointment time with another patient. Only then will an exception be made. We will attempt to contact you for any appointment made at least two days prior to the date of service through our "Courtesy Call" phone service. Please be advised that this is a courtesy, and does not exempt your responsibility of calling to cancel your appointment. Even if you select to cancel appointment when you get the Courtesy Call, we ask that you call the next morning to confirm cancellation of the appointment so that you avoid the fee that will be added to no-show well child/ADD appointments.

## Form Charges

There is a \$5.00 processing fee for all forms (including blue cards, sports, physical, camp, and medication forms) if not requested at the time of the appointment. As part of your appointment, if forms are requested, we will allow for up to two forms to be completed without a processing fee. Any more than two forms will require the \$5 fee per each additional form. Letters for school that are dictated by the physician, typed and sent to you are \$10 per letter. Pre-payment is required for all forms & letters before they can be completed. For your convenience, we can email or mail off your form for an additional \$.75 to cover the cost of envelope & postage. Family Medical Leave Forms will be processed at \$25. We ask that you allow 48-72 hours to process these requests.

#### **Medical Records**

Requests for medical records must be signed by a parent, or by the patient if they are 14 years of age or older. There is up to a 30-day waiting period on all requests made. Please be advised that we will give one courtesy copy of the *shot record, growth chart, occurrence sheet, and last two well exams.* If the entire chart or any additional pages are needed, a pre-payment for the duplication of the medical records will be required before request is processed. The charge will be an administration fee of \$5 as well as \$1.00 per page up to 25 pages and \$.50 per page thereafter. Due to Medicaid guidelines, Medicaid patients are not charged a fee.

#### After Hours Calls/Charges

As part of our 24/7 coverage to be available to you for your children's urgent medical needs, we have an answering service that takes call and will send your call to a medically trained phone triage nurse. The nurse will be able to speak with you and give directions on how to handle the medical care of your child. Our office pays a fee for every phone call that is taken. Please be advised that all non-urgent phones calls should call back during regular office hours. Phones are turned on at 7:30 and they are rolled for lunch from 12:00-12:30. All non-urgent calls may be charged a \$15 fee for utilization of services. Due to Medicaid guidelines, Medicaid patients will not be charged this fee. Occasionally when we have a higher-than-normal patient volume, we may offer after hours appointments that are scheduled after 5:00 pm. If this occurs, there will be an after-hours charge billed to your insurance. If it is considered a non-covered charge by your insurance, you will be responsible for payment of the charge.

## Parental Responsibilities

#### **Demographics**

All patient information forms must be completed before seeing our providers. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim. Please be aware that we will get your updated demographic information every year on your children. If anything changes prior to the next update, including insurance changes, it is your responsibility to inform us and request to fill out new paperwork. Also, we will ask you to fill out a "Communication Authorization" form that tells us who you will allow us to talk with about your child(ren). We will only ask you to fill this out one time. If changes need to be made, you must ask to fill out another form.

# **Destruction of Property**

Please assist us with keeping both the inside as well as the outside of our office clean. Do not allow children to write on the walls, chairs, and tables or play with the blinds. Please do not dispose of trash in the parking lot. We will not tolerate vandalism, destruction, or blatant disrespect of property. Abuse of this policy could lead to termination from the practice.

#### **Child Custody Cases**

The parent who brings in the child for medical care will be responsible for payment at the time of service whether the account is considered self-pay, participating insurance or non-participating insurance. If the non-custodial parent carries the insurance on the child, we will bill that insurance company. We do not get involved with the specifics of the divorce, such as, one parent pays 80% and the other pays 20%. It is the obligation of the parents to work out this agreement with each other or with the court system.

#### Financial Responsibilities

(How collection accounts will be handled)

# NSF Checks

If a check is returned, there will be a \$35 NSF fee charged. We will send you a letter informing you that your check was returned. Please note that the check and fee must be paid within ten (10) days of the date of the letter or it will be turned over to the <u>District Attorney's Office - Worthless Check Unit in Shelby County and you will be eligible for termination from the practice</u>. All accounts not paid by the given date **WILL BE** turned over to the D.A. office. This is done every month. After three NSF checks are returned, we will no longer accept checks on your account.

## **Appointments**

Please note that when calling to schedule a well child exam, ADD exam, or immunization only appointment, if your balance is over \$100 and/or your account is over 60 days delinquent, you must speak with the billing office. Payment arrangements must be made prior to an appointment being scheduled. It is our policy that all accounts must have a total responsible party balance under \$100 and/or not more than 60 days delinquent prior to making any appointment.

#### **Prescription Requests**

All prescription requests called in that have balances over \$25 on the responsible party and that is delinquent and considered a "collection account", meaning it has been over 30 days since a payment has been made, will be looked at by the billing office. While the prescription is being reviewed, you will receive a call from the billing office to discuss your account and set up payment arrangements. Please be aware that if another 30 days passes without payment arrangements being kept, the account will be eligible for termination from the practice.

#### **Delinquent Accounts**

Our physicians are committed to providing your family with quality and affordable healthcare. Our ability to do this is directly related to being financially reimbursed for the medical services that are provided, both through insurance companies as well as patients meeting their financial responsibilities that are typically arranged as part of the contract with your insurance company. We would like to make our financial policies as transparent as possible, so please review the following:

Patient balances \$5 and over will be put in the billing cycle and a statement will be sent at the beginning of the month after insurance pays its portion and the balance is due by the responsible party. This balance is due upon receipt. As of July 1, 2024, once a balance is in the billing cycle, it will generate one statement and one collection letter. Once the balance has generated a collection letter, it is now considered a delinquent balance (aged 30 days or older) and will be monitored closely. A billing/collections representative will attempt to reach you through telephone communication.

After two (2) months of non-payment on your account or not adhering to timely financial payment arrangements, your account will be reviewed for additional collection procedures which are as follows:

- Accounts under \$20: all children(s) accounts will be flagged and no appointments will be given until the balance is paid in full.
- Account with balances from \$20-\$99: the above will occur and the responsible party will be notified by mail that the account is delinquent and will be given 15 days to pay the balance or call the billing office to make payment arrangements. If nothing is done on the account within 15 days, the account will be considered uncollectable and eligible for termination from the practice. These accounts are brought to the physician for final review and determination. Terminations due to financial non-compliance will be notified by letter giving 30 days to find a new physician.
- Account balances that are \$100 or more: the above will occur and the responsible party will be notified by certified mail that the account has been turned over to Direc Management collection agency AND all children under the responsible party's account are terminated from the practice due to non-compliance of financial obligations. A \$10 certified mailing fee will be applied to the account as well as collection agency fees not to exceed 33 1/3%. Attorney fees may also be added to the account. Moreover, you will waive all rights of exemption under the constitution of the state of Alabama. If your balance is paid in full before 30 days of the date of the termination letter, the physician will reconsider termination from the practice. (revised 06/12/24)