

Thank you for choosing our practice for your child/children's health care. Our goal is to provide a positive physician- patient relationship. Providing you with our policies helps us to maintain this goal. Please review our policies listed below. If you have any questions, please feel free to ask any staff member.

1. Upon arrival, please check in at the front desk. We will confirm your current address, phone number and insurance information. We encourage you to arrive for your appointment 10-15 minutes prior to your scheduled time to complete all the necessary paperwork. A *current* insurance card *must* be presented at each visit. Late arrivals will be rescheduled.
2. Our practice requires that all patients under the age of 18 years of age must come to the office with a parent or parent-authorized representative. The parent-authorized representative must have written consent from the parent to bring the child and to make all medical decisions and financial transactions on the parent's behalf. Patients over the age of 18 years must give permission for parents to contact us on their behalf.
3. All visits to our office are billable to your insurance company.
4. We participate with most insurance plans. If we do **not** participate with your plan, payment is expected at the time of service. We accept cash, credit cards, and checks, which are processed electronically.
5. All exams and screenings performed are recommended by Bright Futures for preventative health as well as by the State of CT, which mandates screenings and tests.
6. Some insurances may or may not reimburse for labs, screenings or diagnostic procedures. Please note that if these services are not covered, they may be applied to your deductible and you will be financially responsible.
7. It is your responsibility to understand your benefit plan. It is also your responsibility to check with your plan regarding how often physicals and screenings are allowed and whether there will be a balance passed onto you. You must also make us aware if your insurance company requires a written referral to see a specialist, prior to being seen by that specialist. Insurance referrals may take up to one week to complete.
8. All copays and balances are due at the time of service. All balances older than 60 days are due in full prior to a physical exam.
9. If you have a deductible insurance plan, 50% of the charge will be expected at check-in.
10. If you do not agree with the balance due set by your insurance, you will need to contact them. We will provide you with the insurance processing information if requested, we still require you to promptly pay the entire charge we present to you, even if your issue with the program is not resolved. Insurance companies also provide access to claims processed.
11. We do not bill workers compensation, Medicare, school or automobile insurance policies. You will be responsible for the charge and we will provide you with a receipt for your reimbursement.
12. If you are unable to keep your appointment, please call our office. You may also leave a message with our service. Any appointment cancelled with less than 24 hours' notice will result in a \$25.00 fee. Our office will attempt to confirm your appointment, as a courtesy, through phone and text messages. Multiple missed appointments may result in termination of our relationship with your family.
13. Any maintenance medications will require a follow up appointment every 3-6 month prior to a refill request. All controlled medications are required to be sent electronically to your pharmacy. All other medication refill requests should be made through your pharmacy, who will then contact our office directly. Please allow 2 business days for our office to complete the request.
14. Any school, camp, or sports form that needs to be completed will be reviewed by the provider. There is a \$5.00 fee, prepaid, for the completion and we do require 5-7 days for completion. We will provide you with a form at your physical exam. We encourage you to make a copy for your records.
15. Any medical records request will be completed with a signed release. Please note we do have 30 days to complete your request. We will provide a summary of information free of charge. However, should you request a copy of the records, there is a \$.65 per page charge along with any postage fees. All medical records are retained for the state required period, after that period they will be destroyed without notification.
16. To best care for your child(ren), they need to be seen here for well visits on a routine basis. Failure to do so will prevent us from being able to fill out forms requested by third parties (i.e., schools, camps, athletic organizations), or refill maintenance medications. Not adhering to the preventative visit schedule may also result in discharge from our practice.

We thank you again for choosing us and we look forward to a healthy relationship with your family.