



## **GENERAL POLICIES AND PROCEDURES**

Our mission is to provide our patients with the highest quality of care, in the most compassionate, reasonable and cost-effective manner. We strive to treat each one of our patients and families as we would want to be treated ourselves. We believe in treating all our patients and families with respect and equality.

**COVID AND SICK POLICY:** We are doing all we can to keep all our patients and staff safe and well. We have separate waiting rooms for sick and well patients. If you are sick with any symptoms suggestive of COVID19, or sick with any respiratory tract symptoms such as cough, runny nose, stuffy nose, and sneezing, we request a facemask covering your mouth and nose during the entire time you are in our office. Please let us know and we can provide masks for use while you are in our office. We would also ask you to limit yourself to the sick waiting room as much as possible to minimize the spread of germs.

**PATIENT PORTAL:** We strongly encourage you to sign up for our Patient Portal. This is the best way for you to obtain your child's results, and to have easy access to your child's medical information. We prefer receiving and responding to messages through the patient portal instead of verbal messages over the phone to minimize the chance of miscommunication.

**PROVIDING CARE WITHOUT SEEING PATIENTS:** We do not treat, or offer advice, on the phone or through the patient portal without seeing the patient either in person or through a telehealth visit. Rendering safe and quality medical care to our patients requires a complete and comprehensive evaluation. For this purpose, we are able to provide same-day appointments for your convenience.

**SAME-DAY APPOINTMENT:** We provide a number of same-day appointments that are opened for booking each morning. These are for urgent care and sick visits. We recommend planning your non-urgent care as it arises, however we will provide care with an appointment on the same day if needed. Please call the office as early as possible after we open or go online to make a same-day appointment. By doing so, you will avoid the wait time that comes with a walk-in appointment.

**WALK-IN AND WELL VISITS:** Walk-in visits are strictly for sick visits. Walk-in visits will not address medication refills and chronic illnesses that are stable. There may be a wait for a walk-in visit. This is because scheduled appointments will be given priority, including same-day appointments. We will try to limit the wait time to 40 minutes and less, unless the patient is triaged as needing sooner or immediate attention. Well visits and physicals will always need to be scheduled in advance as there is much preparation that goes into completing a well-visit, such as evaluating immunization status, medications, vision and hearing screens, and assessing growth charts. We have separate waiting rooms for sick and well children to limit the spread of germs.



**TEST RESULTS:** It is our policy to inform you of all laboratory and radiology results in a timely manner. If you have not heard from us within a reasonable time after your child's test, please give us a call.

**CONTROLLED SUBSTANCES REFILLS:** We will refill controlled substance medications such as medication for ADHD during an office visit only. This is done to ensure the safety of your child as these medications require close monitoring for many reasons.

**REGULAR MEDICATIONS REFILLS:** The best time to request prescription refills for your child is during your child's office visit. This is done with the intention for the medication refill to last until the next recommended visit. If your child needs refills before an office visit can be made, please allow us a few days to respond. If you have not been able to return with your child for an office visit as recommended, we may not be able to refill your child's medications. This is done to ensure the safety of your child as medications need monitoring for many reasons.

**PRIOR APPROVAL FOR MEDICATIONS:** Insurance companies have a preferred list of covered medications. We will substitute any prescribed medication with a similar one that is covered by your plan. If a medication is not covered under your plan or it needs prior authorization, it is your responsibility to let us know. It is also your responsibility to know your insurance plan and coverage.

**ORDERING TESTS:** We collect blood specimen in the clinic for testing and send it to a reference lab. The lab will bill your child's insurance and you. We do not share payments with the lab.

**LEAVING MESSAGES:** Every effort will be made to respond to messages the same day. Medication refills may take up to 2-3 business days. When leaving messages, messages left after 4:00 pm will be returned the next business day. In case of a life-threatening emergency, please call 911 or go to the nearest emergency center.

**BILLING:** Co-pays, co-insurances and deductibles will be due at the time of service. We ask that you bring your child's current insurance information and a preferred payment method when you visit the office. We accept all major credit cards. We also accept cash and personal checks. Statements will be mailed monthly. However, we do not send statements for co-pay as this is expected at the time of service. We hold accounts open for 60 days before it is turned over to collection, unless a payment plan is established.

**OFFICE BEHAVIORS:** We strive to develop and maintain the best relationship with our families, and we expect courteous behavior from our families as well. All complaints and concerns should be brought to our attention, and we will do our best to resolve them. Confrontational behavior can be grounds for dismissal from our practice. We will also address social media comments as needed.



**ACKNOWLEDGEMENT**

I have reviewed the General Policies and Procedures of Happy Kids Pediatrics and agree to all the terms.

Please list all your children with their first and last names, and date of birth, who receive care at Happy Kids Pediatrics.

Patient Name # 1: \_\_\_\_\_ Patient Name # 2: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Name # 3: \_\_\_\_\_ Patient Name # 4: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Name # 5: \_\_\_\_\_ Patient Name # 6: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent or Legal Guardian Name:  
\_\_\_\_\_

Parent or Legal Guardian Signature:  
\_\_\_\_\_

Date: \_\_\_\_\_