

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. For this reason, we ask you to take a few moments to review policies that affect the way services are provided.

No-Show Policy

Alabaster Pediatrics, LLC takes pride in its effort to accommodate all of our patients' needs. Therefore, it is extremely important that scheduled appointments be kept.

A 24hour notice must be given for all cancellations or a \$30.00 administration fee will be charged to your account.

If a patient has three no-show appointments, the patient will be discharged from the practice.

In the office

- **Arrive early.** Please remember that all insurance requires 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. We do not want time spent on administrative requirements as it will limit your time with the doctor.
- **Schedule an appointment by calling 205-663-5547.**
- **Schedule same-day appointments for all ill visits.** Appointments are used on a first-available appointment basis.
- **Patients that 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 shorten or 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 appointments) will be offered the next available appointment.** In these cases, a no-show charge for the lost appointment may apply. While we will do all that is possible to accommodate this request, the first-available appointment may or may not be on the day the appointment was missed.
- **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.**

- A parent or legal guardian must accompany children for all Well Child Check appointments. In the event that an alternate adult must bring the patient, please ensure they have the necessary information regarding medication, intake, behavior, sleep habits, etc.

After-hours Call Services

Please limit after-hours calls to urgent issues and emergencies. For refills, appointment request, and other non-urgent matters, you may call the office during regular hours. A charge of \$7.00 may be applied for after-hours calls that are considered non emergent and do not require an office or emergency department visit within 24 hours of the call.

Health Form Policies

It is the goal of the physicians and staff to accommodate as many requests as possible, bearing in mind the following:

1. **Blank forms will not be accepted.** Forms will only be accepted for completion if the patient's name and other information has been completed. **In some cases we may not be able to complete or certify a form if parents have not completed their part of the forms prior to form submission.**
2. **Turnaround time for form completion is usually fewer than 10 business days.** While every effort will be made to complete forms as quickly as possible, parents should realize that at certain times of the year we may receive hundreds of health forms in one week, and remember that each of these has to be carefully reviewed by a physician before it is released. **Parents are strongly advised not to wait until the last moment to look at the paperwork they have received from the program their child is schedule to attend.** (See #12 for rush service information).
3. **Forms will be held here for parents to pick up.** Because of Health Insurance Portability and Accountability Act (HIPAA) regulations, forms will be released to parents only. Federal law prohibits doctors' offices from faxing or mailing medical information to nonmedical facilities. We cannot be responsible for delays or losses in the mail.
4. **Forms are completed for those whose accounts are in Good Standing.** Delinquent accounts must be brought current before forms will be released. Forms must be paid for before being released.
5. **Many forms require the information to be based on an examination completed within 12 months** of the date the form is completed. Additionally, no form will be completed for any patient who has not had a comprehensive well child checkup in our office in more than 12 months.
6. **Physical examination requires check for perceptual ability, ie, hearing and vision**

screening. We regret that we cannot certify a child fit for any program without appropriate perceptual (hearing and vision) testing.

7. **Forms are completed on the basis of examinations conducted by physicians in this medical group.** Examinations performed by “checkup centers” will not be co- signed by your physician, nor will he or she complete any forms based in whole or in part on any information provided by such centers.
8. Forms are completed based on information obtained by staff from your Child’s chart. All forms are reviewed by a physician for completeness and accuracy. In some cases, forms mandate that only the physician may complete them.
9. There is **no charge for Women, Infants, and Children (WIC) forms and Blue Forms.**
10. **The minimum charge for review or completion of all other forms is \$5.00.** Charges vary with duration of physician involvement and time. The physician completing the form determines the charge. Family and Medical Leave Act forms are \$15.00. The front office staff does not have the authority to alter, reduce, or change charges.
11. **Insurance companies do not reimburse for forms completion, and we do not bill insurance for completing any form.**
12. Rush services may be available for an **additional \$15.00. If available, we will have your form completed in one business day. We do not guarantee the availability of this service.**
13. **All refills will require 72 business hours to be completed.**

Non-Covered Services Policy

Alabaster Pediatrics, LLC strives to provide you with consistently high quality healthcare. We may occasionally provide services that are necessary or advisable for the maintenance of good health which are not covered by your insurer. You will be expected to pay for those services in full. Some of the services that may not be covered include: office visits, hematocrit, urinalysis, blood draws, cholesterol, other lab work, immunizations, hearing screens, vision screens, developmental testing, diagnosis of behavior or school problems, or other “non-covered service” as specified in your contract with your insurer. We will only order tests that we feel are necessary for your child(ren)’s treatment and care.

I have received your Policy and Procedures for Alabaster Pediatrics, LLC and agree to the above revised No-Show Policy, Appointment Policy, Health Form Policies, and non-covered services policy.

(Please list all children under your care)

Name of Patient (Print) D.O.B

Signature of Parent or Guardian of (patient or patients)

Date