

Ridgewood Pediatrics, LLC

Office Policies Form

Patient Name: _____ Patient D.O.B.: _____

Insurance

- We currently participate in most health insurance plans.
- It is your responsibility to keep us updated with your correct and current insurance information.
- Insurance ID cards are to be presented before each visit.
- It is very important that you understand your benefit plan. You should know if your plan covers routine immunizations, well and sick visits.
- If your insurance plan requires choosing a primary care physician (PCP), you have to make sure that our name and telephone number appears on your card.
- All newborns have to be enrolled/added to parent's policies as soon as possible after birth.

Payments

- All payments for services are expected at the time of the visit. This includes co-payments, deductibles, and previous balances.
- We accept cash, personal checks, and credit cards (Visa, Master Card, Discover, and American Express).
- We will bill your insurance company at the time of service as a courtesy to you.
- If we have not received payment from your insurance company within 60 days of the date of service, you will be expected to pay the balance in full.
- There is a \$20.00 fee for all returned checks.

Referrals

- Advance notice is needed for all specialist referrals (3-5 days).

Camp & School Forms

- There is no charge for a school form completed at the time of your child's well visit.
- There is a \$10.00 charge for completion of forms not presented at the time of a well visit. The fee must be paid in advance. Processing of forms may take 3-5 days.

Appointments

- Missed appointments and appointments cancelled at the last minute are a cost to us and to other patients who could have use the time set aside for you. If you are unable to keep your appointment, we would appreciate a 24-hour notice.

Medical Records

- There is a \$20.00 fee for transferring medical records.

I have read and understand the above policies.

Responsible Party's Name: _____ Relationship: _____

Responsible Party's Signature: _____ Date: _____