

## **ATLANTIC ADULT AND PEDIATRIC MEDICINE OFFICE POLICIES**

**Charles Stanislav, MD**

**Tracie Crone, PA-C**

We look forward to providing you with the highest quality medical care and services so that you can live a longer and efficiently access the healthcare you need. We greatly appreciate any feedback that you feel would help us serve you better.

- A 24-hour notice is required to cancel or reschedule an appointment. If you do not allow enough notice, a \$25 "No Show" fee will be added to your account balance. This will be your financial responsibility and not that of your insurance company.
- Arriving on time is essential to allow for adequate time and attention at your visit. If you arrive 15 minutes late for your appointment, you may be asked to reschedule.
- Insurance cards must be brought to every appointment. If you do not provide us with the correct billing information, you will be responsible for payment.
- Co-payments and fees are due at the time of your visit. This is a contract between you and your insurance provider. If you are unable to pay your co-payment at the time of your visit, your appointment will be rescheduled.
- All newborns must have active insurance by one month of age. If your child is insured by DE Medicaid, the child must have his/her own active ID. All other children need to be listed as covered on active policies. If the child does not have active coverage by one month of age, all visits will be paid with cash or credit card only or the appointment will be rescheduled.
- The office will call you to remind you of your upcoming appointment. It is your responsibility to make sure that the office has updated phone numbers at all times. It is also your responsibility to remember appointment dates and times.
- After 3 (three) "No Shows" you will be discharged from the practice and a notice will be sent to your insurance company stating such.
- If anyone other than the parents or legal guardian brings a minor to the office for treatment, a written consent with proper insurance card and co-payment must be submitted.
- HIPAA privacy forms must be on file for each patient. This will allow us to share your health information only with who you decide. This will protect your privacy.
- There is a \$35 returned check fee.
- There is a \$25 fee for records. The office reserves the right to increase the fee based upon the length of the file copied.
- All referrals require 48 hours advance notice. We are not able to retroactively submit referrals.
- All prescription refill requests 48 hour notice. We do not fax directly to mail order companies, however, we will prepare the prescription for you to mail. Only those on a patient's HIPAA privacy form will be allowed to pick up prescriptions for a patient.
- Please allow 48 hours for all forms to be completed. Be advised that there will be a fee of \$10-\$25 for all forms that we are asked to complete

- All fees, co-payments, and account balances must be paid in full prior to your visit, unless you are on a payment contract with the office.
- Messages will be returned within 24 hours (longer if weekends or holidays) in the order of urgency. Please do not make multiple calls, as this may delay our return call to you.
- Any person has the right to have a chaperone present during their examination. Parents or guardians may sign a waiver if the presence of a chaperone during a minor's examination is declined.

**By signing this agreement, I am indicating that I have read, understand, and agree to abide by the office policies listed on this form.**

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**Print Name**

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**Signature**

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**Date**

**AAPM – Revised 01/15/16**