



## Notice of Policies and Procedures

### **Vaccine Policy:**

Due to the potential exposure unvaccinated children bring to our other patients and our practices in general, we require that our patients become fully vaccinated prior to their second birthday. Children 2 years old and up will be required to follow the schedule as shown below. Patients who are immunocompromised will meet with our physicians to determine the best course of action based on their specific needs.

2 months	DTap #1, Hep B #1 / 2, IPV #1, Prevnar #1, Hib #1, Rotarix #1
4 months	DTap #2, Hep B #3, IPV #2, Prevnar #2, Hib #2, Rotarix #2
6 months	DTap #3, Hep B #4, IPV # 3, Prevnar #3, Hib #3
12 months	MMR #1, Hep A #1, Prevnar #4
15 months	Varivax #1, Hib #4
18 months	DTap #4, Hep A #2
4 years	DTap #5, IPV #4, MMR #2, Varivax #2
11 years	Tdap

Non-compliance with our vaccine policy will result in dismissal from the practice.

### **Tardiness and No-Show Policy:**

We respect our patients' time and work hard to run our schedule efficiently. Our workflow is heavily dependent on our patients arriving on time for their appointments. As a courtesy, we provide appointment reminders which are sent to the demographic information that we have on file for the patient. Patients may also access their upcoming appointments in the healow app or on the patient portal. Patients should make every attempt to arrive on time to their appointment, however, we know that incidents may occur that would prevent timely attendance. For this reason, we offer a 15-minute grace period within which a patient may check in to their appointment without penalty.

If a patient arrives after that grace period, the appointment status will be changed to a "no-show". If the patient no-shows a scheduled sick or injury appointment, we will make every effort to work the patient back into the schedule for the same day, with no guarantee that the new appointment will be within a certain amount of time of or with the same provider as the original appointment. If the patient no-shows a scheduled well check appointment, you will be asked to reschedule to another date and time.

Missed appointments come at a cost to us and to other patients who could have been seen in the time set aside for you. Patients with more than 2 no-show appointments within a 12-month period will be discharged from our practice. We will continue to see the patient for up to 30 days from the dismissal letter date to allow them time to find a new medical home.

Patients may cancel or reschedule their appointment **prior** to the appointment date and time, which will not be counted as a no-show appointment. A 24-hour cancellation for appointments is appreciated.

### **Walk-In Appointments:**

Our practices are not walk-in clinics. If you need to come to our office without an appointment or add an additional child onto a visit already scheduled, we will consult our schedule to see if we can work the patient in. This may result in extra wait time or the request to return at a specific time. The patient may be asked to see a different provider than their normal provider.

### **After-Hour Phone Triage Services/Extended Care Services:**

Our pediatric practices provide nurse triage phone services at no cost during regular business hours Monday through Friday. We also offer an after-hour triage call service for a cost of \$15 per call.

Our practices also provide scheduled evening and weekend hours. An additional charge of CPT 99051 may apply for use of these services. Please contact your insurance company if you have questions regarding coverage.

### **School Excuses:**

We adhere to local school district policies by only providing school excuses for children who have been seen in our office for that sickness/injury/check-up. Forgery of school excuses will result in a dismissal from our practice.

### **Property Damage Policy:**

Any patient, or individual attending an appointment with a patient, who causes damage to our facilities, furnishings, or equipment may be held liable for costs incurred for replacement or repair.

### **Patient/Parent Misconduct:**

To protect the families we serve as well as our providers and staff, abusive language and behavior, whether in our clinics or over the phone, will not be tolerated and may result in dismissal from our practice.

### **Firearms Policy:**

Pursuant to South Carolina Code of Laws Section 23-31-215, firearms are not permitted at any SouthernMED facility.

### **Prescription Refills:**

Please allow 48 hours for prescription refills to be written or called in. Prescription refill requests are received Monday through Friday during business hours.

### **Immunization Record Requests:**

Please allow up to 5 business days for immunization records to be prepared.

### **Infectious Disease Testing:**

For the protection of our patients and staff, in the event of a needle stick, a blood draw may be recommended to test for infectious diseases including, but not limited to HIV and hepatitis.

**Release of Medical Records:**

A Medical Records Release form must be completed to receive a copy of the patient's medical records. Please allow up to 30 days for medical records to be released and please note that there may be a charge for this service. Biological parents have equal right to access their child's records. In cases of divorce or separation, we cannot keep information away from either party unless we have specific court documents stating this.

**Transition of Care:**

We strive to provide quality care from birth to early adulthood. That said, when a patient has reached the age of 21, care should be transferred to an adult provider. Patients, both male and female, regardless of age, whose actions result in a pregnancy or marriage, will also be asked to transition care.

**Inactivity:**

In the event that an established patient has not been seen for three years or more, their chart will be marked inactive, and that patient will need to re-establish with the practice prior to being scheduled. This may require providing medical records for any services received during that period.

**Age of Consent:**

In South Carolina, the law states that a minor 16 years or older can consent to any health services provided by a healthcare provider for themselves; consent of no other person is required, including the parent. At the age of 16, a child also has the option to sign their own HIPAA form and include or exclude whomever they choose. Parents can and should discuss this issue with their teen. At the age of 18, a patient is considered an adult and will be required to complete and sign all patient paperwork. Disclosure of any protected health information will be at the patient's discretion.

**Private Insurance and Payment Responsibility:**

We will attempt to verify that your child is eligible on each date of service, but please be aware that this does not guarantee payment by your insurance company. Insurance plans vary considerably, and we cannot predict or guarantee what part of our services will or will not be covered. We encourage you to refer to information from your insurance company or call them if you have questions about your coverage. Ultimately all charges are your responsibility. Our patients are responsible for updating their insurance information with us (please ensure that we have an updated copy of your insurance card). Inaccurate information given to our staff that results in denial or non-coverage by your insurance company results in the guarantor being responsible for payment.

If your insurance plan includes a co-payment, we require that you pay this fee at the time of the appointment.

If you find yourself unable to pay your balance due to unexpected financial problems, please contact our billing department for assistance on the management of your account (803-520-9380, option 4).

Please note that we are not responsible for 3<sup>rd</sup> party billing (LabCorp, TEN Healthcare, Hospital Labs, or any non-Southern Medical Management office that we refer patients out to). It is your responsibility to check with your insurance company to see if charges through these outside parties are covered and notify us if you do not wish to use any specific 3<sup>rd</sup> party company before services are rendered.

If you wish to not use your health insurance, please provide a written attestation prior to services rendered. Self-pay policies will apply.

### **Medicaid Patients:**

Please ensure that we have an updated copy of your Medicaid card. We will verify that your child is eligible on each date of service. If the patient is NOT eligible on the date of service, they are responsible for their balance (see section below for more information on our fees). If Medicaid becomes eligible on a prior date of service, you are responsible for notifying us and the bill will be refiled to Medicaid.

If the patient has Select Health, Absolute Total Care, Healthy Blue Medicaid, Molina, or Humana Healthy Horizons, it is your responsibility to contact them in advance to have our practice listed as the primary care physician.

### **Patients Without Active Insurance Coverage:**

Patients without active insurance coverage will be required to pay the following fees at check in. This fee will cover 100% of the visit; no other amount will be billed for our services (but please note that we are not responsible for 3<sup>rd</sup> party billing such as LabCorp, Hospital Labs, or any non-Southern Medical Management office that we refer patients out to).

Sick appointments = \$100 | Well child checks = \$140 | Sports physical = \$60

### **Billing:**

We accept cash, checks\*, and credit card. Outstanding balances are due within 30 days of your statement unless prior arrangements have been made with our billing department. Overdue balances past 120 days will result in the patient not being able to be seen at our office unless the balance is paid in full prior to their appointment.

Please call 803-520-9380 (option 4) if you have a question about your bill. If you are having trouble paying your balance, please discuss the situation with us because satisfactory arrangements can almost always be made. Financial considerations should never prevent children from receiving the care they need at the time they need it.

\* Please note that a \$25 fee will be charged for all returned checks.

All policies are subject to be changed without advance notice.

I have read and understand the Southern Medical Management policies and procedures:

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date