



## 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 by age 2. Children beyond the age of 2 will be required to follow the guidelines and schedules of the CDC and the American Academy of Pediatrics. Patients who are immunocompromised will meet with our physicians to determine the best course of action based on their specific needs.

### **No-Show Policy:**

Missed appointments come at a cost to us and to other patients who could have been seen in the time set aside for you. After 3 missed appointments per patient within 1 calendar year, the patient will be discharged from our practice but we will continue to see the patient for up to 30 days to allow them time to find a new medical home. Please note that **cancelling** or **rescheduling** an appointment prior to the appointment date and time will not be counted as a "no-show" appointment. A 24-hour cancellation for appointments is appreciated.

### **Late For Appointment:**

If your child is more than 15 minutes late for a scheduled sick or injury appointment, we will make every effort to work the patient back into the schedule which may result in extra wait time. The patient could also be asked to see another provider. If your child is more than 15 minutes late for a scheduled well check appointment, you will be asked to reschedule to another date and time.

### **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:**

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.

**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 particular sickness/injury/check-up.

**Prescriptions Refills:**

Please allow 24 hours for prescription refills to be written or called in. Prescription refill requests are received Monday through Friday.

**Immunization Record Requests:**

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

**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 will be a charge for this service.

**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 each 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 2).

Please note that we are not responsible for 3<sup>rd</sup> party billing (LabCorp, Lexington Medical Center, 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.

**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 WellCare, it is your responsibility to contact them in advance to have our practice listed as the primary care physician. We will not receive payment if we are not listed as the primary care physician for the patient.

**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, Lexington Medical Center, or any non-Southern Medical Management office that we refer patients out to).

Sick appointments = \$80 | Well child checks = \$120 | Sports physical = \$40

**Billing:**

We accept cash, checks\*, MasterCard, and Visa. Outstanding balances are due within 30 days of your statement unless prior arrangements have been made with our billing department. Overdue balances past 60 days will incur a \$25 late fee added to your balance and will be sent to a collections agency. 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 2) 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:

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Patient name

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Patient date of birth

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Signature of responsible party

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Date