



OFFICE POLICIES - PLEASE READ PRIOR TO YOUR APPOINTMENT

Strong communication plays an important part in exceptional relationships; therefore we are sharing these important office policies with you. Please read each section carefully. You will be asked to sign an acknowledgement that you have read these at your visit. If you have any questions, please feel free to ask a member of our staff.

APPOINTMENTS IN OUR OFFICE

All patients must be brought to our center by the parent or legal guardian. We must have written legal documentation to support the legal guardian's right to seek care for the patient. This is required by law. The parent or legal guardian must remain in the center until the visit is completed.

We value the time we have set aside to see and treat your child. Our center is the only facility in the region with board certified developmental pediatricians. Families that need these specialized services often experience long wait times between referral and their initial scheduled appointment. We are actively expanding our staff in order to meet this center's high demand for services and to reduce wait times for appointments. To ensure that as many children as possible can receive appointments each year, we ask that you comply with the following:

- **Appointment date:** Please mark down the appointment date and time given for your child, so you can be available for this visit to our center. If the date given is not going to work for your child's visit, please call us at 423-490-7710 to reschedule your appointment as soon as possible. This allows another child to receive that appointment slot.
- **Appointment confirmation:** We will make every effort to contact you to confirm your child's appointment(s) as the date gets close to your visit time. We **require** that appointments be confirmed by speaking with you or a family member directly.
 - If we are unable to speak with you to confirm your appointment within 48 hours of the visit, the appointment will be cancelled. **This allows another child to be scheduled so that available providers have a patient for all appointment time slots.**
 - If you are not able to keep an appointment, a 48-hour notice is required. If notice is not provided to our center by the child's family, there may be a charge of \$25 for lack of notification. This fee is payable before another appointment can be scheduled for your child.
- **Missed appointments:** If your child misses 3 appointments in a 12 month period without a **48 hour notice**, you may be asked to find another provider for services. *We understand family emergencies occasionally occur. We ask that you notify us on the appointment day if this happens and discuss it with our center director.*

DAY OF APPOINTMENT

- **Initial medical appointments:** Patients are requested to arrive 30 minutes prior to their appointment to allow our staff time to register and update information.
 - We will take a photo of you and your child on the day of the appointment. This is used to follow your child for diagnostic purposes and is not shared with anyone outside of our Center.
 - If your child was previously tested at school or other facility or had an IEP, please bring the test results to the appointment.
- **Follow up medical appointments:** Patients are requested to arrive 15 minutes prior to their follow up appointment.
- **Special Appointment [Patient Conference]:** If you wish to include individuals other than the child's parent[s]/guardian[s] in your child's visit, such as a teacher, other caregivers, etc, please request a **Conference Appointment** in advance, to allow adequate time for your visit.
- **Late Arrival for Appointment:** If you are more than 20 minutes late for your appointment, we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your appointment.

- **Therapy Appointments:** Therapy patients are typically scheduled every 30 to 60 minutes. Patients who do not arrive on time for therapy limit our ability to provide the full service your child needs. For this reason, your appointment will likely be rescheduled.
- **Translator Requirements:** If English is not your primary language, please bring an English speaking adult to the visit who can translate for you.
- **Center Emergencies:** We strive to minimize any wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.

HELPING YOUR CHILD: Things to remember for their visit!

- **Medications:** Always give your child his/her medication at the regular time on the day of all appointments. Bring the medication bottles or a detailed list of medication type, dose and when it is given to all medical appointments.
- **Special Devices:** If your child wears glasses, orthopedic supports (ie: braces) or other device, bring or wear them for all visits.
- **Clothing:** Bring a short sleeve shirt and short pants for your child at the initial medical evaluation and therapy assessment.
- **Change of Clothes:** If your child has not completed toilet training, is prone to toileting accidents, or has accidents when overly anxious, please bring a change of clothes so your child can be comfortable during their visit.
- **Meals:** Make certain your child has had appropriate meals/snacks prior to their visit. Bring along a favorite snack and drink.
- **Toys:** We want your child to be comfortable during their visit. If they have a favorite toy or special item, bring it with your child.
- **Siblings:** Unless specifically requested to bring siblings, please make appropriate arrangements for any other children on the day of your appointment. This allows all of us to focus on your child requiring our services.
- **Parent Discussions:** If possible, please bring another adult with you who can watch your child when needed, so that you will be able to privately speak with our providers when necessary and to focus on our parent training opportunities.

HELPING YOU: Working Together for Your Child!

Our center C.A.R.E.S. about the children and families we serve across our region. We want your experiences to be beneficial for you and your child. We are here to effectively work together in a professional and cooperative manner to achieve the best developmental potential possible based on your child's capacity:

- **Compassion:** Seeing the individual strengths and valuing the abilities of every child and family we serve.
- **Assessment:** Identifying the unique needs of every child to improve their optimal levels of function.
- **Respect:** Understanding we all require consideration, thoughtfulness and kindness in words and actions.
- **Excellence:** Striving for the highest quality in our service.
- **Support:** Recognizing distinctive ways to improve the lives of the children and families we serve.

SPECIAL REQUESTS FOR FORMS OR RECORDS

There is no additional charge for the original report generated from your child's medical, testing or therapy visit at our center. This is considered part of the visit.

- We will only release forms to the parents/legal guardian, primary care physician or referring provider. We do not send reports or forms to schools.

Siskin Center for Developmental Pediatrics Forms

- Should you lose your original forms, there will be a \$10 charge for each replacement form requested. We require 10 business days to copy forms.
- A patient portal is available to parents/guardians that contains information about your child's visit (medical and therapy) and select reports can be downloaded. This is a free service to our patients.

Non- Siskin Center Developmental Pediatrics Forms

- Payment is due when the forms are dropped off. We require 10 business days to complete forms.
 - School, camp, sports and other forms are subject to a \$10-per-form fee.
 - Family and Medical Leave Act forms are subject to a \$25-per-form fee.

Transfer of Records

- If you transfer to another physician, we will provide a copy of your last visit to your new physician, free of charge, as a courtesy to you. Please provide your request in writing including the new physician's name, office address, phone number and fax number. We need 10 days notice to complete this request.
- Per Tennessee law, a copy of your complete medical record is available for a \$20 fee (first 40 pages) and .25 cents for each additional page over 40.
- We provide copies of your child's records created by providers at Siskin Center for Developmental Pediatrics only.
- For all other records, you must request them from the office where your child received the service.

PAYMENT FOR SERVICES IN OUR CENTER

Our front desk staff will assist you with payments due for services in our center.

- We accept cash, checks, debit cards, Visa, and MasterCard.
- A \$25 fee will be charged for any checks returned for insufficient funds.

Financial Responsibility

According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances. *All co-payments and unmet deductibles [up to the cost of our service] are due at the time of service.*

- Self-pay patients are expected to pay for services in FULL at the time of the visit.
- If we do not participate in your insurance plan, payment in full is expected from you at the time of your visit. We will supply you with an invoice that you can submit to your insurance for possible reimbursement.
- Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within 10 business days of your receipt of your bill.
 - For future scheduled appointments: prior balances must be paid before the next planned visit.
 - Any balance outstanding longer than 90 days will be forwarded to a collection agency.

Insurance Plans

It is your responsibility to:

- **Keep us updated with your correct insurance information.**
 - If the insurance company you designate is incorrect, you will be responsible for payment of the visit and for submitting the charges to the correct plan for reimbursement.
- **Know if a written referral or authorization is required by your insurance plan.**
 - Our billing department does contact insurance companies for authorization of services and will make every attempt to ensure the services you receive are covered.
- **Understand your benefit plan with regard to covered services.**
 - Insurance plans are different and they vary significantly, even within the same insurance company. This includes copays, deductibles and coinsurance. Insurance companies often approve the visit but do not guarantee payment. **Ultimately, you will be responsible for payment of services received in our center.**

We strongly encourage you to contact your insurance company to verify what services they cover and to know what services will be out-of-pocket expenses for you to directly pay.

At any time, we are here to assist you. If you have billing, insurance or payment questions, please contact our Business Office at (423) 490-7721.