Priority Pediatrics Medical and Financial Policy

Please read this Medical and Financial Policy document carefully and in its entirety. These policies are intended to ensure clear communication regarding the expectations, responsibilities, and standards of care at Priority Pediatrics. By signing below and establishing or continuing care with our practice, you acknowledge that you have read, understand, and agree to comply with all policies outlined in this document.

Vaccination Policy

Priority Pediatrics firmly believes that routine childhood immunizations are essential to protecting the health and safety of all children in our practice and the community. Therefore, all patients are required to follow the immunization schedule recommended by the American Academy of Pediatrics as a condition of remaining a patient in our practice.

Priority Pediatrics recommends but does not require the following vaccines in accordance with AAP guidelines: Influenza, COVID-19, HPV, and RSV.

Priority Pediatrics does not permit alternative, delayed, selective, or “split” vaccine schedules. Requests to deviate from the recommended immunization schedule will not be accommodated except in cases of a documented medical contraindication verified by a physician.

Parents or guardians who refuse, delay, or fail to maintain their child’s immunizations according to the recommended schedule will be dismissed from the practice and required to establish care with another medical provider. By choosing Priority Pediatrics as your child’s medical home, you acknowledge and agree to comply with this vaccination policy.

Timely Payment

Full payment is expected at the time of service unless other arrangements have been made in advance. This includes applicable deductibles and copayments for participating insurance companies. You need to learn the benefits in your policy (including vaccine and well-child coverage), and follow the rules of the policy (such as pre-authorization, lab tests and referrals). We will bill the insurance companies we participate with, but if we are not paid in a timely fashion, you will be expected to pay the bill. You will be held responsible for all charges including late fees and collection fees.

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Insurance Policies

It is the policy holder's responsibility to be aware of any changes to their health insurance policy and to ensure that the plan is in-network with Priority Pediatrics. Parents/Guardians are required to review their child's health insurance policy regularly and especially when changes occur to ensure it covers services at Priority Pediatrics. It is the parents'/guardians' responsibility to verify that their child's health insurance plan is in-network with Priority Pediatrics to prevent any unexpected out-of-pocket expenses. Parents/Guardians must notify us of any changes to their child's health insurance policy promptly to ensure accurate billing and coverage verification.

Responsibility for Medical Care

Every minor child seen in our office for medical services must be accompanied by a parent or legal guardian, or by an adult who has been given written permission, by the parent or legal guardian, to consent for that patient's medical care. The accompanying adult is responsible for full payment (such as copayment or deductible) at the time of service. They must also have a proper insurance card and information. It is the responsibility of the accompanying adult to obtain repayment from the financially responsible guardian. We find it very difficult to care for your child's medical needs when we are placed in the middle of a marital dispute.

Referrals

If your insurance plan requires us to complete a written referral in order for your child to see a specialist or for other procedures, you must allow us five business days to complete the appropriate forms prior to obtaining services. Retroactive referrals cannot be written and will not be honored. In general, we will not authorize a referral for a problem we have not been consulted about beforehand.

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Missed Appointments/Late Cancellations

If you arrive 15 minutes or more past your scheduled time, your appointment may need to be rescheduled. Broken appointments are a cost to both us and to other patients who could have used the time set or holidays to make any necessary scheduling changes. No-Shows and appointments canceled less than 1 full business day prior to appointment time are subject to a $25 fee. This fee is not covered by insurance and is wholly your responsibility.

Medical Records

There will be a $25 copy fee per patient for medical records. A signed Record Release Form, Including your name, complete address, the names and dates of birth for each patient whose records are to be released, and where the records are to be released, is required. Once the written request and payment are received, your request will be processed in 10 business days.

Immunization Records

As a parent, it is your responsibility to maintain a copy of your child's immunization record. You will need it to register for school, camps, and even college. We gladly update your copy at each immunization administration. There will be a $5.00 charge for additional copies of your immunization record. Once we receive a written request for either an update to your current immunization record or for an additional copy, your request will be processed in 3 business days.

Returned Checks

There will be a $25 charge for any check returned to us from the bank unpaid.

Collections

As stated above, all fees are due at the time of service. Any charge remaining unpaid sixty (60) days after the date of service is considered past due. In this case, we will make every effort to contact the person responsible for the delinquent balance and arrange payment. However, if no effort is made to pay the balance, it may be sent to a collection agency. You will be responsible for late fees ($10 per month) and any fees charged by the collection agency.

Patient Portal Communication Policy

The patient portal is intended for limited, non-urgent administrative purposes only and is not to be used for communication with the office regarding medical concerns, urgent matters, appointment requests, medication refills, or time-sensitive issues. Messages sent through the patient portal may not be reviewed promptly. For all medical questions, concerns, or urgent needs, please contact our office directly by telephone. In the event of a medical emergency, call 911 or go to the nearest emergency room.

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Medication Refill Policy

Patients prescribed chronic medications are required to be seen in the office at a minimum of every three (3) months to ensure safe and appropriate management. If medication changes are made, follow-up appointments may be required sooner, as determined by the provider, before additional refills will be authorized.

All refill requests must be made by calling the office. Refill requests submitted through the pharmacy refill request system or the patient portal will not be accepted. Parents or guardians should contact the office at least one (1) week prior to the medication running out, as our standard processing time is up to three (3) business days once the request has been received. Failure to follow these guidelines may result in delays or denial of refill requests.

Acknowledgement of Medical and Financial Policy

I acknowledge that I have received, read, and understand the Medical and Financial Policies of Priority Pediatrics.

I agree to the following:

- To provide accurate and up-to-date information regarding my child's insurance coverage and to notify the office promptly of any changes.
- To assign insurance benefits to Priority Pediatrics and understand that I am financially responsible for all charges not covered by insurance.
- To provide and maintain current contact information, including mailing address and telephone numbers.
- To comply with all office policies, including payment requirements, appointment policies, and communication guidelines.
- To accept financial responsibility for all charges incurred, including applicable late fees, returned check fees, and collection agency fees if my account becomes delinquent.

I understand that failure to comply with these policies may result in additional fees, referral to a collection agency, or possible dismissal from the practice.