

# Ridgewood Pediatrics, LLC

## Office Policies Form

**Patient Name:** \_\_\_\_\_ **Patient D.O.B.:** \_\_\_\_\_

### Insurance

- We currently participate in most health insurance plans.
- It is your responsibility to keep us updated with your correct and current insurance information.
- Insurance ID cards are to be presented before each visit.
- It is very important that you understand your benefit plan. You should know if your plan covers routine immunizations, well and sick visits.
- If your insurance plan requires choosing a primary care physician (PCP), you have to make sure that our name and telephone number appears on your card.
- All newborns have to be enrolled/added to parent's policies as soon as possible after birth.

### Payments

- All payments for services are expected at the time of the visit. This includes co-payments, deductibles, and previous balances.
- We accept cash, personal checks, and credit cards (Visa, Master Card, Discover, and American Express).
- We will bill your insurance company at the time of service as a courtesy to you.
- If we have not received payment from your insurance company within 60 days of the date of service, you will be expected to pay the balance in full.
- There is a \$20.00 fee for all returned checks.

### Referrals

- Advance notice is needed for all specialist referrals (3-5 days).

### Camp & School Forms

- There is no charge for a school form completed at the time of your child's well visit.
- There is a \$10.00 charge for completion of forms not presented at the time of a well visit. The fee must be paid in advance. Processing of forms may take 3-5 days.

### Appointments

- Missed appointments and appointments cancelled at the last minute are a cost to us and to other patients who could have use the time set aside for you. If you are unable to keep your appointment, we would appreciate a 24-hour notice.

### Medical Records

- There is a \$1.00 charge per page or \$100.00 for the entire record, whichever is less.
- We refer to the New Jersey Administrative Code Section N. J. A. C. 13: 35-6.5, "The reproduction of records, which shall be no greater than \$1.00 per page or \$100.00 for the entire record, whichever is less. (If the record requested is less than 10 pages, the licensee may charge up to \$10.00 to cover postage and the miscellaneous costs associated with retrieval of the record.) If the licensee is electing to provide a summary in lieu of the actual record, the charge for the summary shall not exceed the cost that would be charged for the actual record.

I have read and understand the above policies.

**Responsible Party's Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Responsible Party's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_