



OFFICE POLICIES

MAKING APPOINTMENTS: We schedule appointments Monday through Friday from 8:30 am to 4:30 pm. Please call 210-977-9080 to reach central scheduling.

SAME DAY APPOINTMENTS: We will try to schedule same day appointments for your child. We ask that you call our office prior to arriving. You may be given an appointment time or placed on a waiting list pending cancellations. We will make every effort to accommodate your child as soon as possible. Walk-in visits are not allowed unless an opening is available but would require a call prior to arriving.

APPOINTMENTS: Please arrive before your scheduled appointments to allow time to complete any required forms. Bring your insurance card to every appointment. We will attempt to verify your insurance and personal information at each visit. You will be allowed 15 minutes grace period for being late after which you will be given the opportunity to reschedule or wait for cancellations.

MISSED APPOINTMENTS: Missed appointments represent a cost to VIVA Pediatrics, you and to other patients, who could have been seen in the time that was set aside for your child. Cancellations are requested 24 hours prior to any Well Child/Preventative Care appointment and 2 hours prior for any sick visits. A "**NO SHOW**" fee of 40 dollars will be assessed upon review of your account if appointment is not cancelled with the timeframe stated. 3 **NO SHOWS OR MORE** per family may result in dismissal from the practice.

MEDICAL RECORD: We will provide a copy of your medical records upon request but a fee will be assessed for the cost of compiling the record depending on the amount of pages created. You will need to sign a medical release form prior to pick up. Please allow 30 business days for us to prepare your records. If you are requesting them to be mailed, there will be a fee for the cost of mailing said records.

Pages 1-25 = \$30.00

Pages 26-74 = \$60.00

Pages 75+ = \$90.00

If you are transferring to another physician, you will be required to fill out the authorization form. This form needs to be completed in its entirety for us to process your request. There is no fee associated with a physician to physician transfer of medical records.

FORMS SUCH AS FMLA, SSI/DISABILITY, DAYCARE, COPY OF IMMUNIZATIONS AND SPORTS PHYSICAL:

There will be a fee of between \$10.00 to \$30.00 for the completion of medical forms. You will be informed of the exact cost prior to completion of these forms.

We are committed to protecting the security and privacy of your child's personal information. Medical forms to include school excuses cannot be faxed. All forms must be picked in person by the parent or Guardian on file. Forms will not be released to others without a written Parental / Guarantor consent.es are as follows.

Family Medical Leave Absence form: \$30.00

Asthma Action Plan: (no charge)

Disability form: \$15.00

Physical forms: \$15.00

Preoperative forms: \$15,00

Daycare forms: \$15.00

Immunization record: \$10.00

Copy of office visit: \$10.00

MEDICATIONS: Prescriptions will be written or electronically sent at the time of your office visit. Please be aware that for certain illnesses a refill may require an appointment. We will not prescribe any medications based on a telephone consult. If this is an emergency medication please follow our Emergency Care instructions.

EMERGENCY CARE: If your child has a life threatening emergency, call 911. For minor emergencies and common illnesses call our office during regular business hours. After hours, feel free to call Methodist Children's "CALL A NURSE" at 210-226-8773. For urgent care(after hours) medical advice , you may call your designated office location. If you must go to the emergency room, we advise using Methodist Children's ER, Children's Hospital of San Antonio, or NC Baptist Hospital as they specialize in children.

WAITING ROOM: Please do not bring food or drink to our offices. We are attempting to maintain a sanitary office. Eating or drinking is not allowed with the exception of baby bottles. Our staff is instructed to inform you of this policy.

DAMAGE TO OUR OFFICES: If any damage to our office or equipment occurs due to a patient or family members, said family will be held responsible and will be charged for damage repair.

PREVENTATIVE WELL CHILD VISITS: Includes a general exam, vital signs as well as vision and hearing screens. Additionally, depending on age, hemoglobin and lead as well as developmental(ASQ) and Autism(MCHAT) screens. **Any other additional findings or complaints and/or issues addressed during a Well Child Visit will be subject to an office visit for said problems. Co-payments/deductibles as required by your insurance coding and billing guidelines will apply.**

DIVORCE POLICY: In the case of divorce or separation, the parent authorizing treatment for the child/children will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect said fees from that parent.

MOTOR VEHICLE ACCIDENTS:

We do not provide treatment for Motor Vehicle Accidents (MVA) , nor do we accept Third Party Billing.

CHANGE OF ADDRESS/PHONE/CHANGE OF INSURANCE: Please notify the office as soon as possible of all insurance and address changes including change of phone numbers. If the guarantor does not notify the office within 15 days of any changes the guarantor is responsible for all charges not paid because of changes in insurance coverage.

BILLING INQUIRIES: Questions about a bill should be directed to our Billing Department at 210-298-2529.

Print Name of Guarantor:

Signature of Guarantor:

Print Patient Name: DOB:

Relationship to Patient:

Date: