

Erin C. Hamilton, M.D.
Pediatrics

June 1, 2012

Dear Parents/Guardians,

Thank you for joining my practice and trusting me with the care of your children. In order to run an efficient office and provide the best service to my patients possible, the following office policies will be implemented:

1. It is your responsibility to inform my staff on any insurance changes. If the staff is not notified of an insurance change within 24 hours of the date of service, you will be responsible for any balance from that date of service. In addition, you will be responsible for billing your insurance for that date of service, should you wish to be reimbursed.
2. It is essential that my staff has your current address and phone number. If there is a change in this information, please notify my staff within fifteen days.
3. As agreed upon in your health insurance contract, **co-payments** are due at the time of service. Parents who are divorced are expected to honor this policy, regardless of whether the financially responsible party is present at the appointment. There will be a **\$5 service charge** for non-payment at the time of service.
4. Billing statements are sent out every 2 weeks from our office. If your account is more than 90 days past due, it will be forwarded to a collections agency. If you receive a "due to go to collections" message in error, please call the office immediately.
5. Upon receipt of your first vaccinations in our office you will receive a yellow vaccine card for your personal records. It is important that you bring this card to every well child check-up. If you should lose this card, there is a **\$10 dollar fee** for replacing it. This is not billable to your insurance company.
6. **Cancellation and Late Policy:** If you need to cancel or reschedule your appointment, please phone 24 hours in advance of your appointment. Appointment failure will result in a **\$50 charge** not billable to your insurance company. If you are more than 15 minutes late for your well child physical exam you will be asked to reschedule.
7. **Scheduling policy:** When your child is sick, I will make every reasonable effort to see your child during scheduled office hours. If there is an emergent or urgent matter, there may be occasions where your child will be referred directly to the Emergency room, where the most appropriate care can be initiated. **I do not accept walk-in appointments.** If you show up and are ill without a scheduled appointment, you will be asked to wait until the first available appointment time whenever that is. **Please call first.** **After hours/weekend visits** for urgent matters, will be arranged on a case-by-case basis, after discussion with the physician. For well-

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child/routine physical exams, please be aware that there may not be appointments available within the same week of your calling. Please try to anticipate when you will need these exams and schedule them several weeks in advance of any deadlines for school/sports/camp participation.

8. In accordance with the laws of the state of California, I do not prescribe medications for patients over the phone for a new illness. A visit must be scheduled.
9. My office is required to protect your child's personal health information. I can only share information with caregivers or family members expressly designated by the parent/guardian's written consent. Please provide a written note for the caregiver at the time of service if you are not able to be present, or grant them permission in advance on the Privacy Notification form. If consent is not available at the time of the visit, we will try to contact you directly by phone or fax. If this is unsuccessful, the patient's appointment may need to be rescheduled.

Patient Name _____ Date of Birth _____

I have read, understand, and agree to the above stated policies.

Parent/Guardian (please print) _____

Parent/Guardian Signature _____

Date _____