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General Office and Financial Policies

At Peak Pediatrics, our mission is to provide high quality, compassionate, whole-person care to all of our families, while complying with outside regulatory agencies rules and regulations. Our office policies are intended to provide patient care that aligns our mission with these regulations. We have outlined our office policies below and request that every parent/guardian review them carefully.

General Office Policies

1. **Late patients:** Late patients cause delays for every patient that follows them on that provider's schedule. Therefore, if you are more than 10 minutes late for a well-child visit, you will have to reschedule for another day/time. This also applies to families with multiple children being seen for well-child visits. If you are more than 10 minutes late for a sick visit, we will work you back into the schedule; however, there may be a wait to be seen. Patients later than 10 minutes to medchecks, first behavioral consults, and therapy appointments may also be asked to reschedule depending on the provider's schedule.
2. **Walk-in patients** – Peak Pediatrics does not accept walk-in patients. Visits are by appointment only. Please call the office first if your child needs to be seen.
3. **Add-on patients** - Please do not ask to have your other children seen during a sibling's appointment. If you have additional concerns about another child, please schedule that child their own appointment.
4. **No-shows or late cancellations:** Please call to cancel 24 hours in advance if you are not going to be able to make your appointment. Three or more missed or late appointments by your family will be reviewed by our care team and may result in the patient(s) being dismissed from our practice.
5. **Patient contact information:** It is your responsibility to notify us of any changes to your contact information including address and phone numbers.
6. **Multiple appointments:** We are unable to accommodate multiple visits with different providers in the same day. In order to see two different providers (i.e. therapy appointments and a well visit) these appointments must be scheduled on separate days.
7. **Vaccine visits:** Visits may be scheduled with a medical assistant for immunizations. Your child must be up to date on his/her well-child care in order to be scheduled for an immunization only visit. These visits are scheduled Tuesday-Thursday.



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8. **Respectful behavior** – Our policy is to treat everyone who enters/calls our office with kindness and respect. We understand that sometimes situations occur that are stressful and upsetting. However, we have a zero tolerance policy for parents/guardians/patients who use curse words, threatening, and/or vulgar language with our staff. If this occurs, your family will be dismissed from our practice.
9. **Parent/guardian presence during visits**- we require that parents or legal guardians attend all visits with patients who are under the age of 18 (with a few exceptions as outlined below). If you are unable to attend a visit with your child and would like to send your child with another adult, parents must complete Peak Pediatric’s Consent to Treat by Non-parent/legal guardian, must be completed prior to the visit. Verbal consent over the phone will not be accepted.
10. **Adolescent Care**- Starting at age 12, our providers will meet with your child alone for a portion of their visit. Additionally, according to Colorado law youth ages 13 and older have a right to seek contraception and testing/treatment for sexually transmitted infections without the permission or presence of their guardian. Starting at age 15, youth have the right to seek mental health counseling and treatment without the permission or presence of their guardian. We always encourage open and direct conversations between parents and teens regarding difficult issues such as mental and sexual health.

Requests for Medications, Forms, and Referrals:

1. **Medication refills:** Medications will not be refilled outside of office hours. Please call your pharmacy or submit a refill request through Mychart before your child runs out of medication. Please allow 2 business days to complete medication refill requests. If your medication requires a prior authorization, this may delay the refill time. Use of chronic medications for asthma or behavioral health requires additional appointments every 3 months for monitoring/management. Again, your child must be up to child on well-child care to receive medication refills.
2. **Daycare/camp/school/sports forms:** We are happy to fill out forms that you may need for your child that require a provider signature. However, your child must be up to date with his/her well-child care in order for us to sign these. If you drop off forms at a time other than during a well-child exam, we will have your form completed and returned to you within 5 business days via MyChart. If you do not have MyChart, please ask a receptionist about how to sign up.
3. **Referrals:** If your insurance contract requires a referral to see a specialist or for services such as physical therapy or radiology procedures, you must receive a referral from our office prior to receiving that care. Referrals are only made after we have evaluated the problem and have determined that a referral is medically necessary. Except in medical emergencies, please allow 7 days for a referral to be processed. Depending on your insurance provider, it may take additional time beyond this for your insurance provider to approve your referral. You may be



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financially responsible for any charges incurred if you receive care from a specialist without a referral.

Financial Policies:

1. **Insurance:** Your insurance is a contract between you and your carrier. We work with most insurance companies; however, it is your responsibility to confirm that we are in-network for your insurance provider. It is your responsibility to know what benefits and restrictions your plan has. We will bill your insurance carrier for your child’s visits, and you will be responsible for the charges not paid by your insurance company.
2. **Proof of Insurance:** Proof of insurance is required for every office visit. Please bring this with you or send it with whoever is bringing your child to their scheduled appointment.
3. **Co-payments:** Co-payments are due at the time of check-in. If your insurance requires co-payments, well-child visits that are combined with other visit types such as sick visits, medchecks or asthma checks will also have a co-payment.
4. **Deductibles:** Some insurance plans require patients to meet certain out of pocket minimums before they will pay for any medical expenses. We will bill your insurance company first and then you will be responsible for the remaining balance.
5. **No Insurance or Out-of-Network:** If the patient has no insurance or an insurance provider that we are not contracted with, we are still committed to the health and well-being of your child. We offer a 20% discount for patients who pay in full at the time of service. This discount does not apply to immunizations, which are already offered at a discounted rate.
6. **Billing Statements and Collections:** After we have received full payment from your insurance company, we will submit the remaining balance to you for payment. We will then send two regular billing statements at 30 and 60 days if we have not received payment in full. If you are having financial difficulties, please inform our billing department as soon as you receive your first bill so that we can make payment arrangements. Should we not hear from you or receive payment after the 60 day notice, we will forward your payment balance to collections, no further appointments will be scheduled, and we will dismiss your family from our practice.

I have reviewed and understand Peak Pediatrics General Office and Financial Policies:

Parent/Legal Guardian/Patient Name: _____

Parent/Legal Guardian/Patient Signature: _____

Date: _____