



## OFFICE POLICIES

### Services Provided

- Care is only provided for behavioral and developmental pediatric problems.
- This office does not provide well child check-ups, vaccines, sports physicals, etc.
- We do not diagnose or treat contagious illnesses or infectious diseases. If your child has a fever, please call to see if your child should be rescheduled.
- Your child needs to have a medical home for primary care.
- Behavioral Pediatrics of Rural Georgia is happy to work with your existing medical home.
- If you or your child has special needs, please notify us so that we can try to accommodate your family.

### Office Hours

- Behavioral Pediatrics of Rural Georgia is open 8:30am to 5pm Tuesday - Friday.
- This office is not a primary care office and is closed on Monday to allow its physician and staff opportunities to serve in our community.

### Appointment Policy

- All appointments are scheduled.
- Please be on time. If you are late, you may be considered a “no show” or your child’s appointment will be shortened.
- Please provide at least 1 business day if you cannot keep your child’s appointment.
- Two “no-shows” within 12 months (per family) or a new patient “no show” is grounds for dismissal from the practice.
- Patients receiving a new Schedule II prescription will be scheduled for follow up in 30 days or less.
- Patients receiving Schedule II medications must be seen every 90 days even if they are stable.

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### Prescriptions

- All prescriptions will be sent electronically to your pharmacy with the help of a pharmacy benefits manager. If your current pharmacy does not fully participate in electronic prescribing, you will need to choose a different pharmacy.
- Prescriptions will be ready 2 business days after we receive your request. We will only notify you if there is a problem with your request. We strongly encourage all patients to utilize our patient portal for all refill requests. This reduces errors and speeds up the process.



- Any patient who receives a refill of medication being managed by Dr. Zeanah from another office may be discharged from this practice. Doctor shopping will not be tolerated.
- I understand that all mental health prescriptions should either be written by Dr. Zeanah or by my child's PCP but only one provider should write these prescriptions.

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### Insurance Policy

- Please remember that your insurance coverage is a contract between you and your insurance company, not between you and this practice. We make every effort to work with you and your insurance company, however, if there is a dispute over what your insurance company paid and what they said is your responsibility, please contact your insurance company before calling us.
- Your insurance contract requires us to collect specific amounts. It is a contract violation for us to waive copayments, coinsurance, deductibles etc.
- If you are covered under a state funded program (Amerigroup, Care Source, WellCare, or Medicaid) you are required to report if you have additional primary insurance. Failure to do so is insurance fraud. These state funded programs can require the patient to pay back money for the paid claims in error. Please let us know if you have primary commercial insurance at check in.

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### Financial Policy

- All amounts deemed patient responsibility are due at time of service. You should be prepared to pay these before your visit begins on the day services are rendered. These include but are not limited to copay, co-insurance, deductible, self-pay visits, balances, etc.
- Nonpayment will result in your account being turned over to an outside collection agency. You will incur an additional collection fee of 25% added to your bill.
- For patients, whose accounts have been turned over to outside collections-we will be happy to see your child as soon as the account balance is paid in full.
- Any account with a returned check will incur a \$35 NSF fee from our practice and you will no longer be able to use a check as a form of payment in our office.
- Time-consuming forms will only be completed as part of an office visit. Please provide us the form in advance if your visit so that we can assist you appropriately.

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### **Expectations for Behavior of Patients and Families**

- You are responsible for your child's behavior in this office. You are also responsible for the behavior of any guests you bring here.
- Children should not be left unattended in the waiting room, exam room or parking lot.
- You are responsible for cleaning up any mess made by your child or guest. This includes food, drink, etc.
- Being rude or threatening staff is grounds for dismissal from the practice.
- Be courteous. Please do not use your cell phone while interacting with staff.

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### **Professionalism Policy**

- Our staff strives to be courteous at all times. If you feel you have received poor customer service, please notify us.
- If you have a suggestion of how we can improve, please tell us.

### **Phone Call Policy**

- Please use our patient portal for any non-emergency tasks or questions, especially refill requests.
- Our answering service is not able to refill medications.
- Phone calls with our providers must be scheduled and are considered an office visit.
- Staff will try at least three times to return your call. Staff will attempt to return all calls before leaving for the day.

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### **Alternate Caregiver Policy**

- In consideration of working parents, Behavioral Pediatrics of Rural Georgia allows alternate caregivers to bring established patients to follow-up appointments. For example, an aunt could bring a patient while a mother is at work.
- Alternate caregivers will be responsible for any balance due such as co-pays, co-insurance and deductible, if applicable, if they bring the patient. Parents/guardians should plan in advance and inform the alternate caregiver that payment will be collected at the time service.

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I give permission to the following individuals to bring my child and make medical decisions on my behalf and/or in my absence.

Alternate caregiver: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Alternate caregiver: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

**I have read the office policies of Behavioral Pediatrics of Rural Georgia and agree to follow them.**

I authorize the physicians of this practice and/or their assistants to provide medical care for my child. I authorize payment of medical benefits directly to the providers of Behavioral Pediatrics of Rural Georgia for services provided. I authorize the practice to release any information required to process my claims. I understand that it is my responsibility to pay all amounts due at the time of service and that I am financially responsible for all charges whether or not paid by said insurance.

I understand that they may be updated from time to time and that a current version is available at [www.DoctorZeanah.com](http://www.DoctorZeanah.com) and on the patient portal at <https://Valantmed.com/portal/MichelleZeanah>.

Patient Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_