

# A Bright Future Pediatrics

7211 Preston Road Suite T3700 Plano, TX 75024 (972) 208-8668 Fax (972) 208-3186

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## **Office Policies**

Welcome to A Bright Future Pediatrics! We are so happy that you have chosen to make us your child's medical home. We strive to create an atmosphere that is friendly and warm for our patients and look forward to taking care of your children for years to come. The practice is growing, and we would like to help the patients and parents make a smooth transition in regards to changes that will be taking place. We hope the following information is helpful in informing every one of our office policies and procedures and provides a more pleasant environment.

### **Sick and Well Waiting**

We have provided sick and well waiting areas to help prevent the well children from being exposed to any illness the other children that are arriving for a sick visit may have. If you come to the office with more than one child and one of your children is sick, then you must report to the sick waiting room. Newborns and children here for well exams, rechecks, or follow-up exams from a previous illness who are no longer symptomatic should report to the well waiting room. Please help the spread of germs and keep your child in the sick waiting area if they are being seen for an acute sickness.

**Sick Appointments:** Acute sick appointments are scheduled as same day appointments only. There may be a wait time as we will be working you in between the regular scheduled appointments. Chronic sick appointments and consultations generally require more time than a standard acute sick appointment and will need to be scheduled two weeks or more in advance.

**Well Child Appointments:** We recommend scheduling well visits 6-8 weeks in advance. This assures that your child will have their well visit and immunizations on time. We recommend vaccines per AAP/CDC guidelines and follow all AAP guidelines for well child visits.

**Cancellations:** If you should need to cancel a pre-scheduled appointment, please notify our office 24 business hours in advance so that we may accommodate families who are on a waiting list for an earlier appointment. Failure to cancel your appointment within 24 business hours will result in a \$25.00 charge. This charge must be paid prior to scheduling your next appointment.

**No-Shows:** There will be a no-show fee for every no-show appointment:

Appointments not cancelled 24 hours in advance – Fee \$25.00

No show for standard length appointments – Fee \$50.00

No show for behavioral appointments (ADD/ADHD, Anxiety, etc.) – Fee \$75.00

Failure to notify our office with a cancellation at least one hour prior to your appointment time will result in the above no-show fees. Our office policy states that 3 or more no shows are grounds for dismissal from the practice. This is not to be uncaring; it is an effort to continue prompt care throughout the day for our ill children. These charges will not be billed to your insurance company; you will be responsible for payment.

**Late for Scheduled Appointments:** If you are going to be more than 10 minutes late, please call our office so we can reschedule your appointment for a more convenient time. If your child is sick, you may wait in the office and be worked in between patients. Please note, there may be an extended wait time if you are late for your appointment.

### **Immunization Policy**

Our physicians believe that all children should be fully immunized unless there are medical contradictions. Therefore, we are no longer accepting new patients/families unless they are willing to fully comply with the recommended timetable for vaccine administration per the American Academy of Pediatrics. We are committed to providing quality care and have a duty to protect our entire patient population. We have a duty to protect our newborns and other children with immune deficiencies.

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## **After Hours Calls**

We have a physician on-call 7 days a week for emergencies only. We no longer have a nurse triage after hours. If you have routine questions, please call during our normal office hours. All after hours calls will be answered within a timely manner. A charge of \$25.00 may occur for all non-emergency physician phone calls outside of normal office hours. If you have a question regarding medication dosage, please call your 24-hour pharmacy or your insurance nurse line.

## **Release of Medical Records**

Our office has 15 business days to release your child's medical records. There will be a \$35.00 charge for copying your child's chart for the first 30 pages, \$0.25 for each additional page. Medical records may be transferred to another physician, pending an authorization release is obtained. This will be free of charge for the first transfer. Any additional transfers will result in the listed fees. We can also release your child's medical records on a disc for a flat fee of \$30.00 with no page limitations.

## **Shot Records/School Forms**

Immunization records can be accessed and printed at any time from the patient portal found on our website. Immunization records will be released within 2-3 business days after request. Please allow 3-5 business days for your school, camp, and sports physical forms. There is a \$10.00 charge for letters or forms needing more than a signature. Detailed forms and letters will be charged according to the amount of time required to complete. Please note that forms only requiring a signature can be signed during your office visits at no charge, so please bring them to your appointment.

## **Medication Refills**

Please allow our office 72 hours for prescription refills. Medication refills will only be done during our normal business hours. The on-call physician will not prescribe non-urgent refills after hours or on weekends. Patients must be seen prior to filling any new prescriptions that our office did not originally prescribe. Controlled medications (such as those for ADHD) cannot be e-scribed and will require a visit every 3 months. Other prescriptions require a visit at least every 6-12 months, depending on the medication.

**Please request all prescription refills via the Patient Portal.**

## **Document Rush**

Provided we have written consent, we are happy to complete, sign, and return any document to you, your child(ren)'s school, or another medical office. Our physicians take first priority on seeing patients and each physician has specific times for document and chart review. Because of this, unless otherwise stated in this policy, all documents will have a 5-7 business day return. If you require a document to be returned before that window, a \$25.00 rush fee will be applied. Please be aware that all physicians may not be onsite each day of the week.

## **Returned Check**

There will be a \$30 fee for any returned checks.

## **Threats**

We apologize for having to express this up front in our office policy, but in the world today, we must maintain a zero-tolerance policy for verbal or physical threats made against our physicians or staff. If a threat is made either verbally or in written form, the physician-patient relationship has been compromised, and the patient (and any family members, if applicable) will be discharged from the practice.

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## **Legal Action**

If legal actions occur in which a physician or any employee of A Bright Future Pediatrics is requested or subpoenaed to provide testimony (such as a custody case), you will be responsible to pay A Bright Future Pediatrics directly for providing the following services: (a) the time spent preparing for court, (b) the time spent for transportation to/from court, and (c) the time spent appearing in court. Charges for legal services will be billed at \$400.00 per hour. If this legal action requires the physician to step away from patient care for an entire day, the fee will be \$10,000 for each day that they are unable to see patients. This fee is NOT reimbursable by a Third-Party Payer and is therefore the full legal responsibility of the patient and/or the patient's parent or legal guardian.

## **Custody/Divorce Agreements**

Divorce decrees are a contract between two parents and not the physician and the parent. We cannot and will not withhold patient information from one parent at the request of the other parent without receiving a copy of the divorce decree verifying full custody. Unless a divorce decree is submitted to the patient's chart, we will provide care for the child regardless of which parent is at the appointment. Payment is due at time of service regardless of which parent holds the financial responsibility for medical services.

## **Well Child Checkup V.S. Sick Exam – What's the difference?**

Our physicians want to devote your entire appointment time on the purpose for your visit. If you have previous medical history or concerns that you wish to discuss, you should schedule an appointment specifically for that issue, so we may focus your well child exam on growth and wellness. A well child exam and a sick/diagnostic exam are billed differently, so if they are combined into one appointment, you may receive two bills. To help explain, please read this excerpt from Cigna's website: "If your provider finds a health problem during a wellness exam, you may have to pay. Why? Once a problem is found, your exam is no longer considered preventative-it becomes diagnostic, or non-routine. When diagnostic care is needed, your out-of-pocket costs depend on your coverage and tests for services needed."

## **Patient Portal Features**

Login to the website with a unique and secure login ID and update your contact information. Look up your child's most recent visit including the date, weight, and height at last visit. Review and print your child's vaccination and allergy records including a record of vaccines administered. Request appointments for well visits and prescription refills. Request referrals or school/camp forms (which can be emailed to the patient after reviewed by a physician). Contact the Nursing department with any non-urgent questions. For the usage of this portal and online statements, please make sure that our office has your current email address and that all of your information has been updated within the last 6 months.

Please go to our website at [www.ABFPediatrics.com](http://www.ABFPediatrics.com), and on the top right-hand corner you will see the link to the patient portal.

*Any messages sent to the doctor, nursing, billing, or receptionist department will be addressed in the order in which they are received within a 24-hour regular business period. Please do not contact via Patient Portal with any urgent questions.*

*Please call us at 972-208-8668*

By signing below, you acknowledge and fully understand the Office Policies.

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Signature of Parent/Legal Guardian

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Printed Name of Parent/Legal Guardian

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Date

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## **Financial Obligation**

### **All payment is due at the time of service.**

This office is contracted with most major insurance plans. All patients are expected to provide our office with current insurance information and to understand their benefits. For the convenience of our patients, our providers participate in a variety of managed care plans. Our office also acts as an advocate for our patients with their managed care plans. This may include completing pre-certifications, eligibility verification, or other similar paperwork on behalf of the patient. Ultimately, the patient is responsible for understanding their benefits and providing our office with current information so that we can handle this paperwork on their behalf in a timely manner.

### **Patient Financial Responsibilities**

- The patient (or legal guardian, if a minor) is ultimately responsible for the payment for the patient's treatment and care.
- Patients (or legal guardian, if a minor) are responsible for the payment of co-pays, deductibles, coinsurance, and all other procedures or treatments not covered by their insurance plan. Payment is due at the time of service, and for your convenience, we accept cash, checks, MasterCard and Visa.
- If patient (or legal guardian, if a minor) pays by check and it is returned due to insufficient funds, there will be a \$30 returned check fee.

Primary Care Physicians: If you are required by your insurance company to select a primary care physician, this must be done prior to your child's appointment.

- If a charge is disputed by the patient with the credit card company our office reserves the right to relay information to dispute the claim. If the dispute is settled in favor of A Bright Future Pediatrics an additional fee of \$75.00 will apply.

Our mission as a practice is to provide for the health and well-being of our patients. Your health insurance is a contract between you and your health insurance company. You are financially responsible for any non-covered services. By signing our Consent Acknowledgement Form, you acknowledge you agree and fully understand the Financial Obligation Policy.

## **HIPAA (Health Insurance Portability and Accountability Act)**

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have rights to privacy regarding my protocol health information. I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly. Obtain payments from third-party payers and conduct normal healthcare operations such as quality assessments and physician certifications. I understand that as part of my healthcare, A Bright Future Pediatrics originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment.

I have received, read, and understand, or declined to read, your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the *Notice of Privacy Practices*. By signing our Consent Acknowledgement Form, you acknowledge you agree and fully understand the Health Insurance Portability & Accountability Act.

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Signature of Parent/Legal Guardian

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Printed Name of Parent/Legal Guardian

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Date

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## **Patient Guidelines and Consent for Use of Patient Portal and E-mail Communications**

The Patient Portal is provided by A Bright Future Pediatrics as a courtesy for the exclusive use of its patients and authorized parents, legal guardians, and/or other caregivers. By logging in, you attest that you are a member of one of the aforementioned groups and will use any confidential medical information that is disclosed to you only for its intended purpose. Any other use is strictly forbidden. If you believe that the security of your account has been compromised, please notify us immediately so we can reset your credentials.

To better serve our patients, this office has established an e-mail address for some forms of communication. **For routine matters that do not require an immediate response**, please feel free to contact us at any of the following e-mails:

- [office1@abfpediatrics.com](mailto:office1@abfpediatrics.com): You can use this e-mail for the following inquiries: medical records, educational materials, and patient forms.
- [billing@abfpediatrics.com](mailto:billing@abfpediatrics.com): You can use this e-mail for the following inquiries: billing, payments, or insurance questions.

The turnaround time for routine patient communication is typically within 2 business days; however, inquiries requiring extensive involvement of the physician may cause a delay in message delivery. **Should you require urgent or immediate attention, this medium is not appropriate.**

When sending an e-mail, please put the subject of the message in the subject line so we may process it more efficiently. Some forms of communication (e.g., HIV and mental health) are not appropriate for e-mails. Also, be sure to put the name and birthdate of the patient as well as a return telephone number in the body of the message. We also ask that you acknowledge receipt of e-mails coming from this office by using auto reply feature.

### **Communication relating to diagnosis and treatment will be filed in your medical records.**

This office is dedicated to keeping your medical record information confidential. Despite our best efforts, due to the nature of e-mail, third parties may have access to messages. When communicating from work, you should be aware that some companies consider e-mail corporate property and that your messages may be monitored. In addition, you should be aware that although an e-mail may be addressed to one person, our entire staff will have access to this information. By signing our Consent Acknowledgement Form, you acknowledge you agree and fully understand the Patient Guidelines and Consent for Use of Patient Portal and E-mail Communications.

# Welcome to A Bright Future Pediatrics!