General Office Policies



Appointments

- Please arrive on time or 15 minutes early. We will need to verify your insurance information, collect any necessary paperwork and co-pays.
- If a patient arrives 15 minutes or more past their appointment time, your appointment may be rescheduled in order to keep the other patients and the doctors on time. This will be treated as a missed appointment and the applicable fee will be charged.

Scheduling Appointments

- You can schedule an appointment by calling 703-330-3939, or contacting us via patient portal.
- You may be able to schedule same-day appointments for illness visits. Appointments are given on a first-come, first-serve basis.
- Before making an annual physical (well child) appointment, check with your insurance company whether the visit will be covered as a preventative visit. It is the parent/guardian's responsibility to know which benefits are covered/not covered.

Missed/Late Canceled Appointments

- We understand there are times when you must miss an appointment due to emergencies or obligations for work or family.
 However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment.
- Cancellations are requested 24 hours prior to well-care appointments and 2 hours prior for same day sick visits.

There is a fee for missed/same day canceled appointments:

- \$75 established sick patient, \$125 established well patient, \$150 new sick patient, \$250 new well patient
- This fee is not covered by your insurance.
- Should the patient(s) miss an appointment (No Show) and/or fail to cancel, we reserve the right to discharge the family from the practice.

Well Visit and Illness

- If your child is ill or other concerns/conditions are addressed during their well visit, the visit may be changed to an illness visit or the visit may be billed to your insurance for both sick and well.
- Depending on your insurance policy, you may be responsible for a co-pay.

Wellness Policy

We are committed to providing comprehensive, compassionate, and evidence-based care to all our patients. We believe in the importance of preventive care and regular well visits to monitor growth, development, and overall health. By maintaining regular well visits, we can provide the highest quality care to your child and support their health at every stage.

• These visits are essential for: Tracking growth and development, performing necessary screenings, addressing health concerns early, and building a strong, trusting relationship between the patient, family, and provider.

Regardless of vaccination status, we require all patients to be seen for routine well visits. Patients who are not up to date on well care, may be discharged from the practice.

Vaccination Policy

Our practice strongly supports the use of vaccines as a safe and effective method for preventing many serious illnesses. However, we also respect the rights of parents and guardians to make informed decisions regarding their child's healthcare. Therefore, we allow families to make decisions with respect to vaccination for their children.

We will provide educational resources and be available to discuss any concerns or questions regarding vaccines, but ultimately, the decision rests with the parent or guardian.

- If you choose to defer and/or decline any vaccinations, it will be documented with parental signature on our vaccine refusal form to be included in the patient(s) medical record.
- We reserve the right to discharge families from the practice who choose not to sign our vaccine refusal form. Substitute forms will not be accepted.

Patient Initials:

After-Hour Call Services

- Please call 911 for any life-threatening emergencies. You can refer to useful links on pediatricare.com for common illness and Tylenol/Motrin dosing. For refills, appointment requests, and non-urgent matters, you can send a message on the patient portal or call the office during regular business hours.
- Please limit after-hour calls to urgent issues and emergencies.
- When our office is closed or it is outside of normal business hours, there is a \$35 fee for calls made to our after-hours on call service. This fee is not covered by the Rainbow Children's Hospital Call Center staff. They do not have access to your child's medical record.
- We encourage parents to call the office or send a message through the patient portal during regular hours, free of charge, for advice of a non-urgent nature, when our nurses have direct access to your child's medical record.

Forms & Form Fees

- Many forms require the information to be based on an examination completed within the last 6-12 months or may require specific evaluations that were not performed at the routine physical examination (ex. Sport vitals, asthma/allergy treatment plans). Therefore, an additional office visit may be required.
- No form will be completed without a physical examination in our office within the past 12 months. Forms are completed on the basis of examinations conducted by the providers in our group only.
- No charge for forms which are presented at the time of the patient's physical/well check appointment.
- \$10 per form for any forms brought in at any other time than the well check/physical exam.
- \$50 fee for FMLA forms

Referrals

If your insurance requires you to have a referral, please contact your insurance for a specialist covered by your insurance plan and our office will be happy to provide the referral. Once you have the specialist information, please request a referral from our office via our patient portal or by selecting our referral department via phone.

Please include the following information:

- Provide the name of the provider, provider's business address, telephone and fax number
- Include the date and time of your scheduled appointment if known. Non-urgent referrals may take up to 10 business days, so please plan accordingly. We will process all urgent referrals as prudently as possible.

We cannot give retroactive referrals for consultations.

- For acute and new chronic medical referrals to a specialist, our patients must have been seen in our clinic by one of our medical providers within the last 1 month for the medical problem the referral is being requested for to the specialists.
- For all existing chronic medical issues managed by medical specialists, referrals will be processed if your child has been seen for their well child visit within the last 12 months.
- No referrals will be reissued if not used within 6 months without an office visit to revaluate the issue upon which the referral is based.

Refills

Please be aware that appointments may be needed for some medications, such as antibiotics or chronic illness medications. If your child is an established patient and has a chronic but stable medical condition requiring ongoing medication (i.e., Asthma, allergies, eczema) you may request refills over the patient portal or via telephone if they have been seen in the condition, according to the following guidelines:

- Every 3 months Mood Disorder
- Every 6 months ADD/ADHD Follow up, Asthma Office Visit or Headaches
- Every 12 months Allergy Office Visit, Skin Disorders, Birth Control

Please notify us at least 5 business days prior to requiring a medication refill. Refills may take up to 48 business hours to process so please plan accordingly.

The patient must be current in well care for all refills.

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Medical Records

- If you are transferring to another physician, we will provide a copy of the patient's immunization record and most recent well child check-up free of charge.
- The state of Virginia allows a fee to be associated with medical record request processing. Datavant has been contracted by our facility to provide this service and will invoice you directly.
- It can take 7-10 business days, from the date the records are copied, for records to be received by the person or facility you designated to receive the information.
- Please do not hesitate to call (800) 367-1500 if you have any questions about the services Datavant provides on our facilities behalf, or about the bill you may receive as a result of your request for medical records.
- If the person or facility receiving the records is not a health care or medical provider covered by privacy regulations, the information could be re-disclosed by the recipient and no longer protected by federal or state law.
- You also have access to your child's medical records, lab results, immunization records and visit history via our patient portal at www.pediatricare.com

Separated/Divorced/Blended Families

We understand your family may be going through a difficult situation, our highest priority is the care of our patients. It is our intent to work cooperatively with parents in accordance with any legal orders that are in place.

- Custody: Custody decisions are made between parents with the help of the courts or the Dept. of Social Services. In order to avoid any confusion for our staff, and to make sure we are managing your child's care appropriately, we require legal documentation of any provisions the court has set forth in regards to custody and communication with our office. In the absence of legal orders, we expect that both parents will cooperate with each other in the best interest of the child. We are unable to restrict communication with any parent without court documentation or documentation from the Department of Social Services.
- Communication: We ask that both parents reach an agreement regarding major health decisions before visiting the office as we will not mediate disagreements. We expect parents to communicate with each other regarding appointment scheduling, insurance, and any changes in medical care or treatment plans.
- Billing: Copays will be collected at the time of service by the parent accompanying the child. If the court agreement states the other parent is responsible for copayments, it is the accompanying parent's responsibility to pay at the time of the visit and collect reimbursement from the responsible parent. We will be happy to provide a receipt.
- Disputes: The providers and staff will not get involved in disputes between parents. If disputes regarding your child's
 medical care interfere with our ability to care for your child, we reserve the right to ask you to transfer care to another
 practice.

In closing, we ask that you please remember changes in family structure are hard on children and your cooperation with each other is very important to your child's mental and physical health.

I have read and understood this office policy and agree to comply and accept the responsibilities. I also understand and agree that the practice may amend such terms from time to time.

PATIENT Last Name	PATIENT First Name	DOB
Signature	Relationship	Date

The	General	l Policies d	of PediatriCare o	f Northern VA	. as well as	our Financial Policies	. are available on	pediatricare.com

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Patient Initials: _____