# Kaplan Barron Pediatrics

## Office Policies & Patient Responsibilities

At Kaplan Barron Pediatrics (KBP), our goal is to provide high-quality, timely, and compassionate medical care for all children and families. To maintain a safe and efficient environment for our patients and staff, we require all families to follow the policies outlined below.

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# 1. Preventive Care Requirements

## Well Check-Ups

Routine well child visits are essential for monitoring your child's growth, development, academic progress, and behavioral health. These visits allow us to identify concerns early and provide appropriate treatment and guidance.

Per the American Academy of Pediatrics (AAP), preventive visits are recommended at the following ages:

- 3–5 days old
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 36 months

- Annually from ages 3 through 21

Parents/guardians are expected to follow these guidelines to remain established in our practice. Failure to stay current with preventive care may result in dismissal from the practice.

**Please note:** School, daycare, and other forms will not be completed for patients who are not up to date on well check-ups.

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# 2. Vaccination Policy

Vaccines are safe and effective in preventing serious diseases and long-term health complications. Kaplan Barron Pediatrics requires all patients to follow the current immunization schedule recommended by the American Academy of Pediatrics.

To protect our patients—especially infants and medically fragile children—KBP does not accept families who choose not to vaccinate.

Families with vaccine concerns are encouraged to discuss questions directly with the provider. However, if your family ultimately decides not to vaccinate, we will ask you to establish care with another pediatric office that better aligns with your beliefs.

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# 3. Follow-Up for Chronic Medical Conditions

Chronic medical conditions require routine monitoring to ensure safe and effective care. Conditions may include (but are not limited to):

- ADHD
- Asthma
- Anxiety
- Depression

**ADHD medication management:** Patients must be seen every **3 months** once stable on medication.

Other chronic conditions require follow-up every **3–6 months**, depending on the child's treatment plan.

**Medication refills will not be provided** if the patient is overdue for required follow-ups and/or annual well visits.

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# 4. Consent and Acknowledgements

## Assignment of Benefits

I authorize payment directly to Kaplan Barron Pediatrics for any benefits due for services rendered. I understand that I am financially responsible for all charges, whether or not covered by my insurance company.

## Authorization to Release Protected Health Information (PHI)

I authorize Kaplan Barron Pediatrics to:

1. Release medical information as needed to insurance carriers
2. Process insurance claims generated during examination or treatment
3. Use a photocopy of my signature for insurance claim processing

This authorization remains valid until revoked by me in writing.

## Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have received and reviewed KBP's Notice of Privacy Practices. This notice explains how KBP may use and disclose protected health information and outlines my rights regarding my PHI.

## Consent for Treatment of a Minor

I authorize Kaplan Barron Pediatrics and its agents to provide diagnostic, preventive, and medical treatment to my child(ren). This consent remains in effect until revoked in writing by the parent or legal guardian.

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# 5. Insurance and Billing Policies

## Billing Your Insurance

- Please present a current insurance card at every visit.
- KBP will bill your verified primary insurance as a courtesy.

- Any copays, coinsurance, or deductibles are due at the time of service.
- Patients without insurance must pay in full at the time of service.
    - A time-of-service discount may apply if payment is made in full on the day of the visit.
    - Discounts do not apply after the date of service.

It is the patient's responsibility to understand their insurance plan, covered services, and limitations. Some insurance plans do not cover annual well visits if the visit occurs fewer than 365 days from the last preventive visit. If your plan does not cover the visit, you are responsible for payment.

## Testing and Insurance Coverage

Your insurance may not cover certain in-office testing, including but not limited to:

- Hemoglobin testing
- Surveys and hearing and vision screenings
- Strep testing
- COVID testing
- Mono testing
- Molecular tests
- Respiratory panels
- RSV testing
- RSV monoclonal antibody vaccine
- Ear wax removal

If testing is performed and your insurance does not cover it, the balance will be the patient's responsibility.

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# 6. Payments and Fees

## Payment Expectations

- Copays, coinsurance, and deductibles are due at check-in.
- Statements are mailed weekly, and payment is due upon receipt.
- Past-due accounts may delay scheduling future appointments until payment arrangements are made.

## Returned Checks

A $35 fee will be charged for returned checks. Payment for the check amount plus the returned check fee must be made within 10 days. Future payments must be made by cash or credit card.

## Collection Accounts

Accounts unpaid for more than 90 days may be referred to a collection agency. If an account is sent to collections, a **40% surcharge** will be added to the balance. Patients sent to collections may be asked to establish care elsewhere.

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# 7. Appointment Scheduling & Respect for Time

KBP strives to stay on schedule and provide timely care. Occasionally, emergencies may delay scheduled visits. We appreciate your understanding when this occurs.

To help reduce wait times, we ask that families follow these expectations:

- Arrive **10 minutes early** to allow time for check-in and paperwork.
- Patients arriving **10 minutes or more late** may need to reschedule.
- If you want additional children seen at the same visit, please notify the office in advance.
- If you are running late, please call. We may be able to accommodate you depending on the day's schedule.

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# 8. Cancellation and No-Show Policy

Missing an appointment without notice prevents other patients from receiving care. To help us provide timely access for all families, KBP requires the following notice:

- **Well visits:** 24-hour notice required to cancel or reschedule
- **Sick visits:** 2-hour notice required to cancel or reschedule

Failure to provide proper notice will result in a no-show fee **per child**, as outlined below:

### No-Show Fees

- Sick visit: **$30.00**
- Well visit / Physical: **$50.00**
- ADHD / Anxiety visit: **$75.00**
- Mental health (60 minutes): **$100.00**
- Mental health (30 minutes): **$60.00**
- Additional Saturday no-show fee: **$25.00**

Because Saturday appointments are limited and in high demand, weekend no-shows may carry additional charges.

### Repeated No-Shows

- Three (3) no-show appointments in one year may result in dismissal from the practice.
- Saturday no-shows may result in loss of future Saturday scheduling privileges.
- New patients who do not show for their first appointment will not be scheduled again.

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# 9. Divorced/Separated Parents and Custody Agreements

We understand that divorce and separation can create difficult family dynamics. However, KBP must remain neutral and focused on the child's medical care.

- Our office will not mediate parental disputes or provide legal guidance.
- Parents are responsible for communicating directly with one another regarding their child's care.
- Unless legal documentation states otherwise, we will assume joint custody and equal access to medical records.
- Visit summaries are available through the patient portal.
- Appointment reminders will only be sent to the primary phone number listed on the account.
- We do not contact the non-attending parent after appointments.

Copays are required at the time of service and are the responsibility of the parent/guardian attending the appointment. A receipt may be provided upon request.

If parental conflict disrupts care or interferes with office operations, KBP reserves the right to dismiss the family from the practice.

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# 10. Forms and Paperwork

- School, sports, daycare, and camp forms are completed **free of charge** when submitted at the time of a well visit.
- Parents must complete all parent/guardian sections of forms before submitting them to our staff.

### Form Fees

- Standard forms outside of well visits: **$10** (2–3 business day turnaround)
- FMLA forms: **$25** (up to 7 business days)
- Rush same-day forms (not submitted at a well visit): **$30**

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# 11. Prescription Refill Policy

Prescription refill requests require **48 hours** for processing.

- Requests should be submitted through the patient portal or your pharmacy.
- ADHD medication follow-ups are required every 3 months.
- Prescriptions will not be refilled if the patient is overdue for an appointment or annual well visit.
- No refills on the weekend.

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# 12. Behavior Policy

KBP is committed to providing a safe and respectful environment. The following behaviors will not be tolerated in the office, by phone, or through electronic communication:

- Verbal abuse, yelling, threats, or harassment toward staff or other patients
- Profanity, racial slurs, discriminatory language, or inappropriate gestures
- Physical aggression, intimidation, or violence
- Threats of harm toward staff, providers, patients, or property
- Disruptive behavior that interferes with patient care or office operations
- Repeated refusal to follow staff direction or office policies
- Destruction of office property
- Unsupervised children causing disturbances or damage
- Recording staff or patients without permission

Kaplan Barron Pediatrics reserves the right to discharge a patient and/or family from the practice due to inappropriate, disruptive, or repeated unacceptable behavior.

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# 13. Transfer of Medical Records

Requests for transfer of medical records can be submitted through the patient portal. When transferring to another provider, please include the name and destination of the receiving office.

# Acknowledgement of Office Policies

I have read and understand Kaplan Barron Pediatrics Office Policies. I agree to comply with these policies and accept responsibility for all charges and payments due as outlined above.

**Patient Name(s): _____**

**Parent/Guardian Signature: _____**

**Relationship to Patient: _____**

**Date: _____ / _____ / _____**