



Willow Bend Pediatrics

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Office Policies

Office Hours:

Monday through Friday 8:00 AM – 4:30 PM, closed from 12:00PM – 1:00 PM for lunch

Insurance/Payment Policy:

Please present your insurance card and driver's license at the time of check in. We do not verify benefits for same day sick appointments. Please be aware it is ultimately your responsibility to know your healthcare benefit coverage. If you do not know your benefits, we strongly recommend that you contact your insurance carrier with any questions you may have regarding your coverage prior to services rendered. On each date of service, you will be expected to pay the co-pay/coinsurance amount that is listed on your insurance card. Please note that you will receive a bill from Willow Bend Pediatrics for any amount that has been applied to your deductible or coinsurance.

In case of divorce or separation, the parent bringing the child in for treatment will be responsible for any co-pays, coinsurance, or deductibles at the time of services rendered. If the divorce decree requires the other parent to pay part or all of the costs, it is the authorizing parent's responsibility to collect from the other parent.

Patient Balances:

If you have a balance, you will receive a monthly statement. If you have questions regarding your statement, please feel free to contact our billing department. Payment can be made via the patient portal, phone, mail or in person.

Private Pay Patients:

If you do not have insurance, payment is due at the time services are rendered. Our office does offer a 25% discount for out-of-pocket fees. You may contact our billing department prior to your visit to receive an estimated cost for treatment.

Well Visit Appointment Reminders/Cancelations/No-Shows:

We recommend scheduling well visit appointments 6-8 weeks in advance. This assures your child will have their well visit and immunizations on time.

We use an automated service to confirm appointments. You will receive a call two days prior to your scheduled appointment. Please listen carefully to the automated call and follow the prompts to confirm your appointment.

Appointments missed or cancelled less than 24 hours prior to your scheduled time are considered no-show appointments. You may be charged a no-show fee of \$50.00.

Office Policies Cont.

Late Policies:

If you are going to be more than 15 minutes late, call our office so we can reschedule your appointment for a more convenient time. Please respect this policy to ensure that physicians and patients stay on time.

Sick Appointments:

Sick appointments, follow-ups or any problem focused visits are scheduled as same day appointments only.

After Hours:

We do provide 24-hour triage. The phone calls answered after hours will be answered by experienced pediatric nurses. There will be a charge of \$25.00 per call to offset the cost of this service. If you have an emergency and need to speak with a physician, one of the nurses with the 24-hour triage service will contact the physician that is on call for the practice. If you have a routine question, please call during office hours. If you need medication dosages, please call your local 24-hour pharmacy or your insurance nurse line.

Medical Records/Shot Records/School Forms:

Our office has 15 business days to release your child's medical records. Please give our office 48-72 hours for your immunization records and 5-7 business days for your school records, camp forms and sports physical forms. It is also helpful if you provide us with the name, address, phone number and fax number of the person who needs this information.

FMLA Forms:

Our office is happy to complete FMLA forms, however there will be a \$40.00 charge. Please allow 24-48 hours for the forms to be completed.

Medication Refills:

Please allow our office 72 hours for medication refills. Medication refills will only be filled during normal business hours. The on-call physician will not fill standard, non-urgent refills after hours.

Sports Physicals:

Our office does provide sports physical appointments at a flat fee of \$75. These visits are not filed with your insurance company.

Acknowledgement of Office Polices:

I have read the above stated policies for Willow Bend Pediatrics, and I agree to abide by these policies.

Patient Name: _____

Date of Birth: _____

Signature: _____

Today's Date: _____

Relationship to Patient: _____