General Office Policies

1. **Routine “well-checks”** are done at ages 4 days, 2 weeks, 2, 4, 6, 9, 12, 15, & 18 months. Also, children are seen yearly starting at age 2.
   a. Vaccinations will be addressed at these appointments
   b. A biological parent or legal guardian MUST accompany their child to ALL “well-check” & vaccine appointments. Step-parents must have evidence of legal guardianship.
   c. Parents should bring copies of all vaccinations done by previous doctors.
   d. Well checks are an appointment to evaluated growth, development, nutrition, & vaccinations. If a parent requests other medical problems be evaluated at a well check, this likely will result in having to schedule a separate appointment for another day to address these issues & avoid additional fees that may be incurred or non-covered by insurance.

2. **Appointments:** A biological parent MUST accompany their child to their initial office visit. We will evaluate the problem you indicated at the time the appointment is scheduled. If you need multiple problems evaluated, please let the phone scheduler know this and we will schedule extra time for your child’s appointment. If parent requests additional unscheduled problems be evaluated at the time of the appointment, additional fees or a separate appointment may be needed.

3. **School / day care / camp / sports forms:** These will be filled out only if your child is current on vaccinations and has been seen for a “well-check” appointment in the past 12 months. Allow 1 full business day to complete these forms. More extensive forms will incur a $20 fee to complete.

4. **Medication refills:** Refills for chronic conditions will be approved only if your child has been seen in the past 12 months. Some medications require a follow-up appointment before they are refilled.

5. **Multiple children:** If you are bringing multiple children for evaluation, they will each need an appointment to be examined by the doctor.

6. **School / Work Notes:** An excuse to miss school or work will be provided if you have seen one of our medical providers. Ask the nurse for a note during your appointment.

7. **After Hours Contact:** Our after hours nurse line is 877-726-9013. Our after hours nurses are available for phone consultation any time we are closed. One of our doctors is also on-call via phone. The nurse will contact the doctor if needed. Accessing our after hours nurse incurs a $15 charge.

8. **Changing providers:** If you choose to change primary care providers within our office, this will require approval of both providers involved in the change.

9. **Leaving the practice:** If a parent is dissatisfied with our practice and chooses to leave our practice and assume care with another external primary care provider, we will deny any requests to return and resume care at our practice as our physician-patient relationship has been terminated.

*By signing this document, I acknowledge full understanding of the policies and agree to comply with these office policies.*

_________________________  ______________________________
Parent / Legal Guardian     Date

_________________________  ______________________________
Patient Name                Date of Birth

Revised & Posted 06/01/2014