



## **Hai T Cao MD**

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## **Office Policies**

Our goal is to provide and maintain a great physician-patient relationship. Letting you know in advance of our office policies allows for a good flow of communication and enables us to achieve our goal. Please read each section carefully. If you have any questions, do not hesitate to ask a member of our staff.

### **Your Insurance Plan**

It is your responsibility to keep us updated with your correct insurance information. If the insurance company you designate is incorrect, the plan has expired or you fail to update us with the most current insurance information you will be responsible for the full payment of the visit/s. Insurance discounts will not be applied to balances that have no insurance coverage.

Please note that HMO plans require that you communicate to your insurance who the primary care physician is. If your insurance company has not yet been informed that we are your primary care physicians and claims are denied as a consequence, you will be financially responsible for the total amount of the claims.

**It is solely your responsibility to understand your benefit plan with regard to, for instance, covered services, co-payments, coinsurance, deductible and participating laboratories.**

For example:

- a. Not all plans cover annual healthy (well) physicals, sports physicals, or hearing and vision screenings. If these are not covered, you will be responsible for payment.
- b. For children younger than 2 years, there might be a limit as to the number of allowable well visits per year. If the number of visits is exceeded, your insurance company will not pay; you will be responsible for payment.

#### Exchange Marketplace Plans:

Low cost insurance plans are now available on the exchange marketplace. Our office participates in a few of them. It is your responsibility to make sure that you understand the type and percentage of coverage the plan you purchase at the level you purchase it at (silver, gold or platinum) offers. Same reimbursement and payment policies will apply for these plans. Please, refer to Payment Policies.

#### **Payments and Financial Responsibility**

According to your contract with your insurance carrier, you are responsible for any and all co-payments, deductibles, and coinsurances. It is your responsibility to know what these terms refer to and what your plan requires. Defaulting payment for your financial responsibilities might default your insurance coverage.

Please be aware that:

- 1) Co-payments are due at the time of service. We accept cash, checks and all major credit and debit cards. There's a \$25.00 fee for bounced checks.
- 2) Deductible and Coinsurance: Our office will email you invoices related to your

coinsurance and deductible dues. Your balances are due for payment within 15 business days. A \$25.00 late fee is applied for payments that are made past 15 days from receipt of the invoice. Invoices are mailed and emailed to you. If your deductibles are paid by your insurance/employer through an HRA account, please make sure to communicate that information to our billing department so that invoices will not be sent to you.

- 3) Self-pay patients are expected to pay for services in full at the time of the visit.
- 4) If we do not participate in your insurance plan, payment in full is expected from you at the time of your visit. We will supply you with a receipt that you can submit to your insurance for reimbursement.
- 5) All patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within 15 business days of your receipt of your bill. A \$25.00 late fee is applied for payments that are made past 15 days from receipt of the invoice. Invoices are mailed and emailed to you
- 6) Any outstanding balance longer than 90 days will be forwarded to a collection agency.
- 7) For all appointments, prior balances must be paid prior to the visit in full or a payment plan must be approved by the practice manager.

### **Appointments**

All visits require a scheduled appointment, except for Monday mornings only, between 8AM and 10AM when we accept walk-ins for sick visits.

We value the time we have set aside to see and treat your child. We do not double book well child appointments and we work hard to keep the wait time to a minimum. If you are not able to keep an appointment, you can cancel it 24 business hours prior.

Same day sick appointment are always available. Please, call the office to schedule your appointment or use your online account.

Preventive Care Visits: Before making an annual physical appointment, check with your insurance company as to whether the visit will be covered as a healthy (well-child) visit.

We strive to minimize any wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding. If you are 10-15 minutes or more late, you might have to be rescheduled for a later time in the day or for a different day. Calling ahead to let us know how late you are going to be helps us give all patients the best service we can.

### **No-Shows/Cancellations**

- 1) Appointments can be cancelled/rescheduled with a minimum of 24 business hours notice.
- 2) Cancellations that occur the same day of appointment and for not a valid reason are recorded into patient's records.
- 3) **A \$50.00 NO-SHOW FEE** will be charged to your account if you fail to let us know that you won't be able to make the appointment. No-Shows are also recorded into patients records. 3 No-Shows within a 6 month time frame will result in patient's dismissal.

### **Referrals**

- 1) **A 48 business hours advance notice is needed for all non-emergent referrals.**
- 2) It is your responsibility to know if a selected specialist participates in your plan.
- 3) We must approve referrals before they are issued. If your insurance plan requires a referral from your PCP (primary Care Physician), you will have to schedule a visit with our office to be evaluated before we can issue the referral. It is your responsibility to know if a written referral or authorization is required to see specialists, whether preauthorization is required prior to a procedure, and what services are covered.

### **Forms**

Any school, camp, WIC or sports forms require a 48 hour processing period. Please, plan accordingly. Same day forms, if requested and when possible, will require a \$25.00 fee that

needs to be paid at the time the form is requested. Any forms beyond 2 per calendar year are subject to a \$15.00 per form fee. Payment is due when the forms are dropped off or requested.

### **Prescriptions**

It is your responsibility to know if a pre-authorization is needed for any prescriptions or if your insurance requires any forms or the use of a particular RX network.

For monthly medication refills, we require 48 hours' notice, during regular business hours.

Please plan accordingly.

### **After Hour Emergencies**

Our After Hour Emergency Line is an effective tool we offer, so that you will be able to reach the provider for true emergencies, even when we are closed.

- 1) **This line is only for Emergency Situations** and should be used to ask the doctor on call if your child needs to go to the ER.
- 2) **This line is NOT for routine questions**, forms, appointments or prescriptions. Any abuse will be recorded into the patient's records. Repeated abuse will result in patient's dismissal from the practice. The phone number has been given to you at registration time, has been emailed to you in the Welcome Email and is available in your online account.

### **Online Messaging and Online Account**

Our online messaging system is a great tool that gives you the chance to communicate with the doctor by sending messages with routine questions. Although all received messages are read by our staff and forwarded to the physicians, **this online feature does not guarantee timely response as the delivery is subject to numerous circumstances;** in example, power or internet

outage that is out of our office control. The doctors will try to address your messages within 24 business hours. Please follow the guidelines for messaging your doctor. Any abuse will result in suspension of the online messaging system.

Please make sure to use the messaging system according to the following specs:

- 1) Please, use your common sense to judge if you have a quick question or if the complexity of your question or the degree of details expected in the answer will require the provider more than 3-5 minutes to compose his message.
- 2) Questions to the doctors should not exceed the length of 2 short paragraphs. Should your question or concern need more than the allowed paragraphs, please schedule an appointment so you can have the right amount of time to discuss the issue with your provider.
- 3) Limit the number of questions to 2-3 per month. Should you have more than 3 questions per month, you will be required to schedule a visit in person with the doctor. Abusing the messaging system will result in suspension of your online account.
- 4) Any abuse of the messaging system will be recorded into the patient's file. Repeated abuse will result in patient's dismissal from the practice.
- 5) If you have questions about refills, prescriptions, referrals please use your patient portal; there you'll find the right tools to do that. This does not apply to antibiotics. If you believe your child has a condition requiring antibiotics, please call the office to make an acute visit appointment.
- 6) If you are experiencing an emergency, do NOT message us online; call the office or call 911.

### **Medical Records**

Electronic medical records are available for you for no charge. Paper copies of your records cost \$0.75 per page. At the time of request, we will provide you with a form to sign. Turn around time is 48 business hours.

**Amendments and Patient Dismissal**

South Slope Pediatrics reserves the right to terminate the relationship with patients at any point in time. When a patient is dismissed from the practice, South Slope Pediatrics will mail a notice with certified mail and will provide emergency services only, for a period of 30 days from patient's dismissal. Patient is responsible for finding a new primary care provider within that time frame. South Slope Pediatrics will not be responsible for dismissed patient after dismissal. South Slope Pediatrics also reserves the right to update the office policies at any point in time. An updated version of the Office Policies will be promptly emailed to the patient.

**ACKNOWLEDGEMENT**

**I have read and understand the OFFICE POLICES and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.**

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**Patient Name**

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**Parent/Guardian's Name**

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**Relationship to Patient**

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**Signature**

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**Date**