# INTEGRATIVE PEDIATRIC WELLNESS CENTER
# EDMOND SARRAF, MD
# www.pediatricgems.com

## OFFICE POLICIES

**IT IS IMPORTANT THAT YOU TAKE THE TIME TO REVIEW OUR POLICIES**.

01. All new patients must complete our patient information forms prior to being seen. Established patients must update their information on a yearly basis or as information changes.

02. To ensure accuracy when billing your insurance company, we must have a current copy of your insurance card on file. If we are unable to verify your insurance benefits you will be required to pay at the time of service. Your insurance is billed as a courtesy **only** and **all** charges including non-covered services, deductibles, co-insurances, and co-pays are your responsibility and are due at the time of services unless other arrangements have been made in advance.

03. It is your responsibility to make sure your new babies are added to *your insurance* policy in a timely manner. Most insurance companies require that you do this within **thirty days** after the baby is born. Please verify this with your insurance (SAG, Writers Guild, Aftra, Motion Picture Industries, etc.). You must contact both Anthem Blue Cross and your union. These insurance carries usually require additional forms before they will add your child as this is TIME sensitive.

04. If your insurance company has not responded within 60 days from the date the claim was filed, any difference between the charged amounts and the insurance reimbursement will be your responsibility. Co-pays must be paid at the time of service. This is a contractual agreement that we have with your insurance company. After your visit charges have been reconciled with your insurance, you will receive a billing statement from an outsource billing company. The amount on this statement will reflect your balance, and that balance is due and payable within **30 days**. Any balance remaining on your account for services not covered by your insurance company is your responsibility. The bills are due upon receipt. A **$25 service charge** will be automatically added to your bill for every 30 days your payment is late.

05. Please notify the office 24 hours in advance if you are unable to keep you appointment. All no show appointments will result in a $35 no show fee the first time, then $70 for the 2nd one, then the full cost of your scheduled office visit for any further no shows. Any cancellation with less than a 24 hr notice will result in a $20.00 fee (fee waived if due to an emergency). We really aim to schedule our patients in a manner that is efficient and timely. Last minute or late cancellations hurt this process for everyone.

06. Please notify your pharmacy 72 hrs in advance for prescription refills.

07. All returned checks will be assessed a $35.00 returned check fee. After two returned checks, we will no longer accept personal checks on your account.

08. There is a $25.00 fee to transfer/copy any or all medical records to you. There is no charge if we send them directly to your new provider. All balances owed on account must be settled with our office prior to transferring records. Please allow 7 working days for this process.

09. There is a $15.00 fee per form for us to complete any official school or government forms. Please allow 7 business days for this process. If labs are required, the process may take longer.

10. All patients must come in for their well baby visits. This is at 2,4,6,9,12,15 and 18 months and once per year after that. These visits are to make sure that patients are growing and developing. This applies to non-vaccinating families as well.

A new Federal Law requires us to inform you of the number to the Better Business Bureau 1-909-825-7280 in the event that you wish to contact them regarding our office.

**SIGNATURE_______________________________________________________DATE________________________**

**AUTHORIZATION TO COMMUNICATE VIA EMAIL_____________________________________**

**Welcome And We Are Excited To Make You Part Of Our Extended Family**

INTEGRATIVE PEDIATRIC WELLNESS CENTER
955 S. CARRILLO DR STE 210
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(310) 888-7778

# PATIENT PRIVACY POLICIES

IT IS VERY IMPORTANT TO US TO PROTECT AND RESPECT THE PRIVACY OF OUR CLIENTS AT ALL TIMES. IN ORDER TO DO SO, WE ASK THAT YOU REFRAIN FROM REQUESTING AUTOGRAPHS OR TAKING PICTURES AT ANY TIME. PLEASE DO NOT COMMUNICATE WITH THE NEWS MEDIA, REPORTERS, PHOTOGRAPHERS OR OTHER PARTIES REGARDING OUR CLIENTS. ALL PATIENT AND CLIENT INFORMATION IS TO REMAIN CONFIDENTIAL AT ALL TIME.

IT IS OUR POLICY TO CARE FOR AND TREAT ALL PATIENTS/CLIENTS EQUALLY. ANY VIOLATION OF THESE POLICIES MAY BE CAUSE FOR DISMISSAL FROM OUR PRACTICE.

**THANK YOU FOR YOUR UNDERSTANDING.**

**PATIENT'S NAME**___________________________________

**GUARDIAN SIGNATURE**_____________________________ **DATE**____________