South Metro Office: 9785 Maroon Circle St, Englewood, CO 80112 (303) 779-1172
Denver Office: 919 Jasmine Denver, CO 80220 (303) 388-4256

OUR OFFICE POLICIES

For your most comfortable and efficient health care experience, we have established the following policies for our medical practice. Please be aware of these policies and know that they have been created with your best interest in mind.

1. **All office visits must be scheduled.** If your child is ill, please call our office first before coming in. Some problems, especially emergencies, may be better handled in an emergency room than in our office. So, always call us first to determine the best way to handle an illness or emergency. Walk-in visits may result in unnecessary waits to see the doctor. There is an **additional fee** for **unscheduled walk-in visits.**

2. **Our answering service does not make office appointments.** Only our office staff can make appointments. Please call us between the hours of 8:30 A.M. to 12:00 P.M.: 1:00 P.M. to 5:00 P.M., Monday through Friday.

3. **We do not see children ONLY for sick care.** We treat ill children who also maintain their regular well-childcare exams or annual physical exams. Thus, we do not render second opinions for children who are not patients in our practice unless the child is transferring for full well-and-sick care to Partners in Pediatrics.

4. **Please be on time for your visits.** If you are more than 15 minutes late for a well-child exam, your appointment may be rescheduled at the discretion of the healthcare providers. This late policy is extremely important to us to continue prompt delivery of care to your children. Late arrivals created delays for all patients who follow. We make our best effort to stay on time. This policy is important for our successful on-time performance.

5. **We document all missed appointments,** which you have not personally cancelled by telephone.

6. **There is a fee for missed Well Care/ADD appointments.** Ample doctor's time has been set aside for your visit. A "no-show" visit is time lost for the doctor and a **fee will be charged** to your account. Two "no-shows" warrant a double fee to be charged to your account. Three "no-shows" are grounds for dismissal from our practice. If you know that you will be unable to keep an appointment, you must speak with a Partners in Pediatrics staff member at least 24 hours ahead of your appointment time.

7. **Payment/co-payment for service is due at the time of your visit.** Should a bill be sent to you (such as for after- hours care), payment is due upon receipt of the bill. A service charge is assessed monthly to your account for any balance carried past 30 days. If you need special payment arrangements, please contact our billing manager to set up an alternate payment schedule. Any delinquent account that is turned over to a collection agency is grounds for dismissal of your children from our care.

8. **If we are a participating provider for your insurance company,** we will submit claims to your insurance company for you and your signature below will authorize payment of medical benefits to Partners in Pediatrics. You will be responsible for any charges not covered by your insurance.

_____ _____ _____/_____/_____

Parent/Guardian Signature **Print Name** **Date**