ALL IN PEDIATRICS
NASSIM McMONIGLE MESCIA & ASSOCIATES

Patient Compliance Policy

We appreciate the opportunity to provide your children our best medical care, with compassion, in a safe environment. In order to make our relationship with you the best it can possibly be, please be familiar with the following policies:

Administrative Policies

- We promise to treat you with respect & dignity in a professional and caring manner. In return we expect you to refrain from using verbally abusive language, threatening any employee or provider, or otherwise hostile behavior. Using such is cause for immediate termination from this practice.
- To respect other patients, we ask that cell phones be turned on vibrate mode while in our office.
- Missing or no-showing your appointment creates an undue burden and increases the cost of care to other patients. Missing three appointments without notice will result in dismissal from this practice.
- Walk-in appointments are designed for quick in and out care, 10 minutes or less with the provider, if you present with a more complicated health issue, you may be asked to schedule an appointment and return at another time.
- Walk-in appointments are seen first come first served. If you see other patients being taken back ahead of you, they have a scheduled appointment with a provider. Scheduled appointments will be taken back as close to their appointment time as possible.
- If you utilize our walk-in service, please understand that the provider who is seeing walk-in patients rotates amongst all providers. You cannot request a certain provider for a walk-in appointment.

Insurance & Billing Policies

- If you have insurance, please bring your card to every appointment; without it we cannot bill your carrier. We are required to collect co-payments, co-insurance, and deductible and reserve the right to re-schedule or cancel appointments to comply with insurance company agreements.
- Your health insurance policy is an agreement between you and your insurance carrier. You are responsible for understanding your own coverage. Your insurance company makes the determination of your eligibility. You authorize your insurance benefits to be transferred directly to the rendering provider and acknowledge you are financially responsible for paying any co-insurance amounts. You agree to pay for services rendered within the limits of this care provisions policy.
- If you do not have insurance or choose not to file a visit with your insurance, payment will be required at the time of service.
- Many insurance companies have lists of approved drugs they cover. Your provider will prescribe the medication they feel will best address your child's needs. We will do our best to respond to prior-authorization requests from your insurance company, but this process may delay your prescription. You are responsible for contacting your insurance provider with any questions or requests concerning approved medications.
- Disability and FMLA form requests will be processed after a form fee of $25.00 is received. Sports participation forms will be processed after a form fee of $5 is received. Medicaid patients do not have a form fee charge.
- We accept cash, check, and credit/debit card. Payment in full is due within 30 days of your first statement unless other arrangements have been made. We send three (3) statements at 30-day intervals. You understand and agree that if we are forced to send your account to collections, your family will be dismissed from our practice. A fee of 40% of the unpaid balance will be added to your bill if you choose to return to our office and the balance must be paid in full before your child will be seen by a provider. This amount shall be in addition to any other cost incurred directly or indirectly to collect amounts owed under this agreement. We offer a financial aid program to patients who meet the criteria.
- If you receive an order for lab or imaging tests as part of your appointment, remember some tests/labs are performed by outside parties; in such cases they bill separately. If you know your insurance carrier only covers certain labs or facilities, please notify our office in advance.

By signing below you agree to the terms of service provided herein.

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Signature (patient or guardian) Date