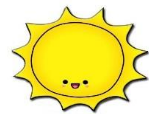

Cohen & Sheinker MD PA

OFFICE POLICIES

Thank you for choosing our office to provide care to your child(ren). We are committed to providing your family with the best possible medical care. We ask that you read our brief office policy information. If you have any questions or concerns we are always available to discuss them with you.

1. Please **read and initial** a copy of our financial policy that is included in this packet.
2. We schedule visits by appointment only. Our office is open on weekdays from 9am-5pm and on Saturday from 9am-12pm. During after-hours we are available on call for medical issues 24 hours a day, 7 days a week.
3. **Health Forms:** These requests are best managed at the time of your child(ren)'s well check/physical exam. Our staff will complete forms at other times as long as your child has had a well exam **within the previous year.** There is no charge for the first set of forms. Each additional set(s) will incur a charge of $10.00.
4. **Referrals:** If you are insured with a managed care plan (i.e. HMO) you may be responsible for obtaining a referral from us, your PCP, **prior** to having a specialist appointment. We require 3-5 days for routine referrals to be processed. Please do not call us from the specialist's office at your appointment to obtain a referral. Retroactive referrals cannot be assured. Failure to obtain the appropriate referral prior to your child(ren)'s appointment with a specialist may leave you at risk for payment of all charges associated with that appointment.
5. **Late appointments:** If you are going to be late to your appointment, you need to call our office to inform us. If you are more than 20 minutes late to your appointment, you may need to reschedule.
6. **Missed appointments/No Shows:** Missed appointments are a problem for this office. Please make every effort to **cancel at least 24 hours** in advance of your appointment whenever possible. If you call to cancel on the day your appointment is scheduled, that is considered a no show/missed appointment and you will be charged $25.00 for the first occurrence. For additional missed appointments, there will be a charge of $50 per occurance. Three missed appointments will be grounds for dismissal from the practice.
7. **Prescription refills:** All refill requests should be called in to our refill line (561-362-4330, prompt # 5). If your child(ren) is/are on a controlled medication and you need a refill, we kindly request that you notify our office 5 business days in advance to get the prescription written. Refill requests will not be honored after-hours or on weekends.
8. **Vaccinations:** Our doctors follow the American Academy of Pediatrics recommended schedule for immunizations. If you decide that you do not want to follow the schedule, that is your choice as a parent, however Cohen & Sheinker Pediatrics will no longer see your child. You will need to find a new pediatrician within 30 days. We will forward your child's records to their new pediatrician with a signed release form from you.
9. **Medical records:** If you would like a copy of your child (ren)'s medical record, at your written request, we will transfer the immunization history, growth charts and the last visit/well exam without charge. A request for additional records will be subject to a charge as followed by Florida Law. Please see our receptionist for posted charges allowed.
10. **Account guarantor:** In divorce situations, it is the policy of our office that the parent who brings the child in for the visit is responsible for any co-payments, co-insurance and/or deductible amounts due at the time of service. If one parent is solely responsible for financial care of the child (ren), we need proof in the form of legal documentation.

We hope that these office policies and our financial policy information will help you understand our goals and address any questions you may have about our practice and payment policy. It is a privilege to provide medical care to your family and we are honored that you have chosen us as your child(ren)'s pediatrician. If at any time you encounter any problems or have questions, please do not hesitate to contact us.

Please sign below to indicate that you have read and understand the above office policies.

Signature: ____ Date: ________________________

Printed Name: ____