



## POLICIES AND PROCEDURES



Welcome to Preferred Pediatrics of Lafayette and Lactation Support Center of Lafayette. Please take a few minutes to look over our policies and procedures. Your clear understanding of our policies and procedures is important to our professional relationship.

All patients must complete (In Full) our Patient Registration Form and provide us with accurate insurance information including an insurance card. *Insurance is a contract between you and your carrier.* You are ultimately responsible for fees for services such as *co-pays* and *non-covered* services.

### APPOINTMENTS - LATE / CANCELLED / NO SHOW

Failed appointments result in our office being unable to schedule other patients who could be seen in the time set aside for you. Please cancel sick and pre-scheduled appointments within the time frame listed below.

**LATE:** If you are running late we ask that you call us ASAP. You only have a 15 minute window. If you are later than that, it is up to the provider whether they can see your child. If they cannot, the appointment will be rescheduled.

**CANCELLING SAME DAY SICK:** Please cancel at least 2 hours before your appointment. Since these appointments are scheduled SAME DAY – we need time to try and work in other sick patients. If you don't cancel 2 hours prior that will be considered a NO SHOW.

**CANCELLING PRE-SCHEDULED:** Please cancel 2 to 24 hours prior to your pre-scheduled appointment. If it is after business hours, call our answering service at 765-807-8180 and cancel. Please provide patients name, date of birth, and appointment date and time.

**NO SHOW:** You are allowed **3 NO SHOWS per FAMILY**, not per child. Not allowing the appropriate time to cancel appointments will be considered a NO SHOW. Future appointments cannot be made until this has been reviewed by the office manager and providers. You are at risk of being dismissed from the practice.

### TELEPHONE TRIAGE CALLS / AFTER-HOURS COVERAGE

Because routine questions are best answered by your primary doctor, please call us during regular business hours Monday - Friday 8am-5pm at 765-807-8180 and **select option number 1.**

**TRIAGE CALLS:** If a message is left during business hours, we call patients back in the order the message is received. If you do not receive a call back by end of business day, please call us back.

**AFTER-HOUR COVERAGE:** Providers may be reached after hours through our answering service at 765-807-8180. If you have **Medicaid Insurance** you need to call the Medicaid Hotline at 1-866-800-8780 for after-hour coverage.

### PRESCRIPTIONS

We now submit routine refills electronically, so any request left Monday-Friday **BEFORE 4pm** will be filled same day. Requests left **AFTER 4pm** will be filled the next business day. You can also request your refills from the pharmacy. Please note – controlled substances can't be refilled electronically so we will contact you once the script is completed.

### CONSENT FORM

Parents as well as patients 18 years and older **MUST HAVE** a signed consent form on file giving permission to any person(s) that they would like to be able to call our office, schedule appointments, obtain results, pick up medications, and/or bring patient to appointments in their absence. **NO EXCEPTIONS.**

**FORMS - SCHOOL / DAYCARE / CAMP / SPORTS / FMLA**

We ask that you please give us **24-48 hours** to complete. If you need us to fax the forms, please provide a fax number for the school or daycare. If not we will call you once it's complete. Make sure to provide us with the correct contact number.

**FMLA** forms can take **up to 5 business days**. Please complete as much as possible on the form before turning it into us so we can see what is needed for your employer.

**MEDICAID PATIENTS**

We are **PCP providers** for: Traditional Medicaid, Anthem Medicaid or MDWise- Excel.

We are **NOT PCP providers** for: *Managed Health Services (MHS), MHS-Care Connect, MHS-HIP, MHS-Ambetter, MHS-Marketplace, MDWise-Community Health, MDWise-Eskenazi Health, MDWise Family Planning, MDWise-IU, MDWise-IU HIP, MDWise-Marketplace, MDWise-SHN, MDWise-St. Catherine, MDWise- St. Margaret, MDWise-St. Vincent, MDWise-Total Health, CareSource, and CareSource-Marketplace.* If we are not IN-NETWORK, we cannot schedule any appointments until you are on the type we accept.

**NEWBORN COVERAGE IS NOT AUTOMATIC**

Most insurance plans only allow **30 days** after the baby's birth to add the newborn to the policy. Please call your benefits department or your insurance company to add your baby to the policy. Please don't procrastinate because you **RISK NOT HAVING COVERAGE.**

**LACTATION APPOINTMENTS**

We do offer lactation services. These services are charged separately than the provider charges. If your insurance does not pay, we do discount the visit to \$50.00. Any lactation supplies you receive are billed separately.

**PAYMENT FOR SERVICES**

**All co-pays are due at the time of service.** Payments for non-covered services and deductibles can be set up on a monthly payment arrangement. Please call our billing department at 765-449-2732 to set up your payment to avoid your account being turned over to an outside collection agency. We accept ALL credit cards, checks, and cash.

**CODING AND DOCUMENTATION GUIDELINES**

We follow the AMA CODING AND DOCUMENTATION GUIDELINES. If your child comes in for a well-child visit, but in the course of the routine visit "an abnormality/ies is encountered or a preexisting problem is addressed" the appropriate office/outpatient problem-oriented evaluation and management, E/M service will be coded in addition to the preventive code; which may result in additional charges.

**INCLEMENT WEATHER**

For office closures or delays you may receive an automated phone call or text message. You can also view the Unity website at [unityhc.com](http://unityhc.com) to see closures. This will also be listed on WLF's website. You can either contact our office the following day or our office will contact you the next business day requesting you to reschedule.

**PRINT PATIENT(S) Name** \_\_\_\_\_

**I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THESE POLICIES.**

\_\_\_\_\_  
Signature Printed Name Date Page 2 of 2