



Kessler Pediatrics Office Policies

Welcome to Kessler Pediatrics! We are extremely pleased that you have chosen us to provide pediatric care for your child and strive to make your experience with our office a pleasant one. We look forward to having a long relationship with you and your family. This sheet will provide a general overview of our office policies. Please read carefully. We are happy to answer any questions you may have regarding our policies.

Office Hours

Our office is open for patient care Monday through Thursday from 8:30 a.m. to 4:30 p.m. and Friday from 8:30 a.m. to 4:00 p.m. We are closed for lunch from 1:00 p.m. to 2:00 p.m. daily.

After Hours

We are always available to assist you during our regular office hours, and we encourage you to call with questions during our opening hours. For questions that arise when our office is closed, we are pleased to provide you with access to our nurse triage after-hours phone line. A physician is always on call to provide backup for any issues that cannot be handled by our nurses. The after-hours number is **855-456-6976**. This number is only to be used outside of our regular office hours.

Scheduling Appointments

Our receptionists are available beginning at 8:30 am Monday through Friday to schedule appointments. Patients are seen **by appointment only**. We are not a walk-in clinic and strongly discourage patients from walking into our office to obtain an appointment. Walk-ins will not be seen on an immediate basis and will be given the next available appointment time. Life threatening emergencies require EMS notification via 911.

Well-Child Visits are essential in ensuring the proper health and development of your children. Patients should be seen at newborn, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, and 3 years. From 3 years of age, patients should be seen annually for an exam. We recommend scheduling well child exams 2-3 months in advance as these appointments book quickly. We do not automatically schedule well appointments for patients. It is the responsibility of the patient to schedule their well exams. Due to the length of well child exams, we will not be able to perform a well child exam during a sick visit as the time allotted for a sick visit is much shorter than a well exam. ADHD evaluations should ideally be scheduled at least 3 months in advance.

Same day Sick visits are scheduled on a **first-come, first-serve basis**. If our schedule fills for the day, we may not be able to honor all patient requests for a same day sick appointment. If we are unable to schedule a same day sick appointment, we will be sure to schedule an appointment for the next day. We will always do our best to get our sick patients seen as quickly as our schedule permits.



In scheduling appointments, please note the appointment is only for the patient for whom the appointment was scheduled. In order to protect your time and that of other patients, please make an appointment for each child you would like to be evaluated by the physician. Be sure to call ahead to make an appointment if you plan to bring an additional child to a previously scheduled visit. Please understand that we may not be able to schedule sibling appointments in adjacent time slots. If you would like the physician to take a “quick look” at a sibling, this “look” constitutes a visit and requires payment for the visit.

If your child needs to be brought in by a caregiver (nanny, au pair) or family member (grandparent, sibling etc.) please notify the office and provide written authorization for that caregiver to accompany the child, accept information and prescriptions, and relay the plan of care. **Please plan for the caregiver to bring the payment when bringing the child (co-pays etc.)** The physicians are not able to communicate the care plan to the caregiver and then contact the parents separately to inform them of the care plan as well. Please have an adult accompany all patients under 18 years of age for any visit.

Well Child visit vs Sick visit – What’s the difference?

The Well Child visit is exactly that – a visit for a child who is well. These visits are designed to be a time to follow up on normal growth, check things like hearing, vision and blood pressure, make sure development is on track and get a full head-to-toe examination. These visits are scheduled at intervals that allow the pediatrician to address age-specific issues for each child to make sure everything is alright and if not, to address problems and treat them as early as possible. During a Sick visit, the pediatrician limits the visit to the problem(s) that brought the child to the office. Our physicians want to devote your entire appointment time on the purpose for your visit. Please be mindful of the difference in the type of visits when scheduling appointments. If you have an illness or chronic medical concern that need to be evaluated, please schedule an appointment separate from the Well Child visit so that we may focus on your child’s growth and wellness during their Well Child visit. Sometimes a child being seen for a Well Child visit is found to have a problem that requires treatment at the time of the Well Child visit. This problem is no longer considered part of the Well Child visit and is treated as a Sick visit on the same day. Please note that while the Well Child visit is covered by insurance with no co-pay. A visit that addresses a problem outside the scope of a Well Child visit (a Sick visit) requires a co-pay. This payment is a requirement from the commercial insurance companies, and the practice has to collect the appropriate amount at the time care is given. To help explain, please read this excerpt from Cigna’s website: “If your provider finds a health problem during a wellness exam, you may have to pay. Why? Once a problem is found, your exam is no longer considered preventative-it becomes diagnostic, or non-routine. When diagnostic care is needed, your out-of-pocket costs depend on your coverage and tests for services needed.”

Late Arrival Policy

We value your time and will make every attempt to see your child in a timely fashion. Please extend us the same courtesy and be on time for your appointment. If you are running late for your appointment, please notify our office, and we will attempt to make accommodations within our schedule. Patients who are more than **fifteen (15) minutes late** for their appointment will be rescheduled for the next available time slot. Please be advised that although we will try to accommodate you on the same day,



occasionally the next available appointment will not be on the same day of your originally scheduled appointment

No Show Policy

We are sensitive to unexpected emergencies, which may prevent you from keeping your appointments. However, we ask that you extend us the courtesy of notifying the office when you are unable to make your appointment. This notification allows us to offer your time slot to another patient who needs to be seen. Failure to cancel or reschedule your appointment at least 30 minutes **prior** to your scheduled time will result in a fee of **\$75**. Appointments scheduled for 8:30 am must be cancelled prior to the office closing the day before the appointment to avoid the \$75 cancellation fee. Appointment scheduled for 2:00 pm or 2:15 pm must be cancelled prior to the office closing for lunch (1:00 pm) to avoid the \$75 cancellation fee.

Immunization Policy

Due to our firm belief in vaccines, Kessler Pediatrics requires all parents vaccinate their children according to the recommended schedule considered to be the standard care by the CDC, American Academy of Pediatrics, and the Advisory Committee of Immunizations Practices. We are happy to answer any questions and discuss the safety and efficacy of the vaccines with any parents who may have hesitancy towards vaccines. Vaccines are only provided during Well Visits. We will not schedule any additional nurse visits for vaccines for alternate vaccine schedules.

Prescription/Referral Requests

Prescription refills and specialist referrals may be made during office hours only. These requests may be made by either calling the office or submitting through the Patient Portal. Prescription refills are only provided for medications established as treatment for chronic medical conditions treated in our office within the last year. Requests for prescriptions for medications for new conditions, for medications not prescribed within the last year, or medications prescribed by other providers not in our office will not be granted. When contacting our office for prescription refills, please have the name and dosage of the medication as well as the name and phone number of your pharmacy readily available. Refills on **ADHD medications** will be provided for patients who have been seen within the last three months for their ADHD evaluation and/or follow-up. Please allow up to **three (3) days** for prescription refills to be processed.

Specialist referrals will only be provided for conditions evaluated within our office within the last year and as deemed appropriate by physicians. Our office requires that you contact us for referrals prior to your appointment with a specialist. Please allow up to **seven (7) days** for the referral process to be completed. We will not process last minute, same day requests for specialist referrals. Additionally, we will not back date referrals. Be sure to discuss with your insurance company whether or not you will need a referral for the specialist visit prior to the office visit. When contacting our office for a referral request, please have all pertinent information for the referral to be processed. Information needed for your referral includes but is not limited to the Physician's name, Office Location, Office Phone Number,



Physician's NPI number, and Date of Visit. Your insurance company may require additional information. We will not be able to process your referral without all needed information. It is your responsibility to provide us with the necessary information to process your requested referral. The referral will be faxed to the specialist once it has been processed. We are under legal obligation to all insurance companies to process referrals according to Texas State Law

Medical Forms and Immunization Records

Requests for medical records must be made in writing and contain the signature of a parent or guardian. Medical records requested for personal use will incur a charge of \$25 for the first 20 pages and \$0.50 for each additional page. There is no charge to send medical records to another physician. Immunizations records are provided at no charge via the Patient Portal. Physical copies of immunization records will incur a charge of \$25. FMLA forms will be completed at a charge of \$30. Physician will make one revision to the completed FMLA form as requested by the patient's employer. Any additional revisions will require the completion of a new set of FMLA forms and an additional payment of \$30. School and camp physicals are completed free of charge for any patient who has had a well child exam within the last year. Please allow up to **seven (7) business days** for the completion of any requests for forms or medical/ immunization records.

Cell Phone Etiquette

Please do not use your cell phone when approaching the front desk or upon entering the exam rooms. Cell phones can be very disruptive to the flow of patient care.

School/Work Excuses

We are only able to provide school and work excuses for patients and/or parents who are seen within our office. At the end of each office visit, you will be provided with an excuse noting the day that you were seen and the date most appropriate for you to return to school or work. Please do not ask our office to excuse missed days outside of these guidelines.

Separated/Divorced Families

We ask separated/divorced families to provide us with a copy of all decrees outlining divorce and custody arrangements. Divorce/Custody decrees are a contract between two parents and not the physician and the parent. We will follow all the arrangements as outlined legally. We cannot and will not withhold patient information from one parent at the request of the other parent without receiving a copy of the divorce decree verifying full custody and outlining all restrictions. Unless a divorce/custody decree is submitted to the patient's chart, we will provide care for the child regardless of which parent is at the appointment. Financially, the parent bringing the child to the office is authorizing treatment and is, therefore, the parent responsible for payment on the date of service. We will not call or contact the other parent to obtain payment information. Please have the child's payment and insurance information with you when arriving for your office visit. All fees associated with the visit, including but not limited to the co-pay of the child's insurance plan, are due at the time services are rendered. Additionally, all



account balances and charges deemed parent responsibility by the contracted insurance plan are due to Kessler Pediatrics by the parent presenting the child for the date of service and authorizing treatment.

If there is a divorce decree requiring the other parent to pay a portion or all of the treatment costs incurred, it is the responsibility of the authorizing parent to collect from the other parent. Kessler Pediatrics will not make special provisions or act as a mediator in collection of payment. We can provide a copy of the claim or receipt of charges to the authorizing parent at each visit upon request to assist in collection of fees from the other parent. Non-compliance with this policy may result in termination of care.

Financial Policy and Patient Obligations

Kessler Pediatrics participates with most private insurance companies. We do not currently participate in any Medical Assistance programs, i.e. Medicaid. If you plan to use your insurance for your office visit, please have your insurance card with you at the time of your visit. Be aware that all HMO plans and many Choice plans require that a PCP be selected for the plan. To ensure accurate billing and payment, please be sure to contact your insurance company and select Dr. Donza Rogers as your child's PCP. Failure to select Dr. Rogers as your PCP may result in higher co-pay fees and decreased reimbursement from your insurance company. Depending on your insurance plan, you may have a **co-pay, co-insurance, or a deductible** due at the time of your visit. A **Co-pay** is a set dollar amount that your insurance company requires you to pay at the time of each visit. A **Co-insurance** is an amount required by some insurance carriers that is above the deductible and co-pay amounts. A **Deductible** is a set amount your insurance company requires you to pay towards your health care costs before your insurance begins paying toward your services. Questions regarding your co-pay, co-insurance, and deductible should be directed to your insurance company. Co-pays, Co-insurance, and Deductible amounts are due at the time services are rendered. Your insurance company contractually requires these payments, and we cannot bill these payments. If you refuse to pay your required amount at the time of service, you may be denied care for that date of service. If you will not be utilizing insurance for your visit, you are required to pay the associated fees for your visit at the time of service. Please see our fee schedule for our current office fees.

Patient Obligations

Payment is due at the time of service. Copays, co-insurance, deductibles, procedures/treatments not covered by an insurance plan, and account balances are collected during the check-in process. We accept cash, checks, MasterCard, Visa, and American Express for payments. Returned checks will incur a \$30 returned check fee. If a charge is disputed by the patient with the credit card company used for payment, our office reserves the right to relay information to dispute the claim. If the dispute is settled in favor of Kessler Pediatrics, an additional fee of \$75.00 will apply.

Account Balances and Collections

Kessler Pediatrics will make every effort to assist you in keeping your account current with our office. As a courtesy to you, we will file claims with your insurance to obtain payment. However, please remember that you are ultimately responsible for all charges associated with the services we provide to you. We will send you a monthly statement reflecting balances on your account for which you are responsible.



Patient balances are expected to be paid in full upon receipt of the statement. A finance charge will be applied each month a statement is re-sent for payment. If you are unable to pay your balance, please contact our office manager immediately to determine if we can arrange a payment schedule to keep your account current. We reserve the right to refuse care to any patients who refuse to pay their balance and/or make payment arrangements with our office. Failure to pay account balances older than three (3) months may result in us turning your account over to a collections agency for payment. Failure to pay account balances older than one (1) year may result in dismissal from our practice.

Patient Guidelines and Consent for Use of Patient Portal and E-mail Communications

The Patient Portal is provided by Kessler Pediatrics as a courtesy for the exclusive use of its patients and authorized parents, legal guardians, and/or other caregivers. By logging in, you attest that you are a member of one of the aforementioned groups and will use any confidential medical information that is disclosed to you only for its intended purpose. Any other use is strictly forbidden. If you believe that the security of your account has been compromised, please notify us immediately so we can reset your credentials. The turnaround time for routine patient communication is typically within 3 business days; however, inquiries requiring extensive involvement of the physician may cause a delay in message delivery. Should you require urgent or immediate attention, this medium is not appropriate.

When sending an e-mail, please put the subject of the message in the subject line so we may process it more efficiently. Some forms of communication (e.g., HIV and mental health) are not appropriate for e-mails. Also, be sure to put the name and birthdate of the patient as well as a return telephone number in the body of the message. We also ask that you acknowledge receipt of e-mails coming from this office by using auto reply feature. Communication relating to diagnosis and treatment will be filed in your medical records. This office is dedicated to keeping your medical record information confidential. Despite our best efforts, due to the nature of e-mail, third parties may have access to messages. When communicating from work, you should be aware that some companies consider e-mail corporate property and that your messages may be monitored. In addition, you should be aware that although an e-mail may be addressed to one person, our entire staff will have access to this information. By signing our Consent Acknowledgement Form, you acknowledge you agree and fully understand the Patient Guidelines and Consent for Use of Patient Portal and E-mail Communications.



Patient Agreement

I acknowledge that I have read and understand the policies and procedures of Kessler Pediatrics as outlined in this document. I agree to adhere to the specific policies of Kessler Pediatrics. I am aware that if I do not comply with above stated guidelines, Kessler Pediatrics reserves the right to terminate care with the office.

Parent/Guardian Name: _____

Signature: _____

Patient(s) Name (s): _____

Date: _____