Mark D. Towns, M.D. • Louis A. Hunke, M.D. • Thomas W. Deacon, M.D. • Jacquelynn A. Longshaw, M.D. • Elizabeth R. Keyes, M.D.

Pediatrics Southwest Policies and Procedures

APPOINTMENT POLICIES

In order to ensure the best possible care for your child and all of our patients, please note the following policies -

Routine Physical Exams

PSW recommends that you schedule routine exams at least **one to two months** in advance to ensure appointment availability. School forms and physicals can be completed at the time of the appointment. (If your child has completed a well child check in the past 12 months but needs a school form or physical filled out by the doctor, you may drop the form off at our office, allowing 72 hours for completion.)

Saturday Appointments

We offer Saturday appointments for sick visits by appointment only. Our office opens at 8:00 am.

Appointment Cancellations

We require at least 24 hours notice for well child check-ups and 2 hours notice for sick appointments. **Failure to cancel your appointment according to this policy will result in a charge to you, which is NOT covered by your insurance.**

Late Appointment Arrivals

If you are late for your scheduled appointment time, you could be asked to reschedule. The first-available appointment **MAY** or **MAY NOT** be on the same day of the late arrival appointment.

Please call ahead if you are running late. We will make every effort to accommodate you and minimize the need to reschedule your appointment. *NOTE - Calling ahead does* **NOT** *guarantee you will be able to be seen that day.*

TELEPHONE POLICIES

Office Phone Hours

Pediatrics Southwest staff are available by phone Monday through Friday - 8:00 am to 4:30 pm (closed for lunch from 12:00 pm to 1:15 pm)

After Hours Phone Calls

We offer an after hours answering service for our patients. Please note that any call made to our after hours nurse is subject to a $15.00 charge by the answering service. This charge is **NOT** covered by your insurance.

HEALTH, SCHOOL FORMS AND IMMUNIZATION RECORDS

Immunization Records Request

Once a request has been submitted for your child's immunization record, their immunization history will be printed and given to the nurse for review. Please allow **24 hours for processing**. Same day record requests will not have the approval of the nurse and therefore **WILL NOT** be guaranteed as up to date.

(OVER)

School and Health Forms

School forms and physicals can be completed at the time of the child's scheduled appointment. If your child has completed a well child check in the past 12 months but needs a school form or physical filled out by the doctor, you may drop the form off at our office, allowing **72 hours for completion**. Our practice will be unable to complete school physicals and forms if your child has **NOT** been seen in our office in over 12 months for a well child check-up.

FINANCIAL POLICIES

Account Guarantor

The parent who brings the child in for the appointment is the parent responsible for copays and deductibles collected at the time of service. The parent who signs the financial agreement is the parent responsible for balances remaining on the account after insurance has paid.

Billing

At the time of service, we require payment of copays, deductibles and non-covered services unless specific arrangements are made in advance with the billing department.

IMMUNIZATION POLICY

Vaccines have been proven safe and effective in reducing the risk of diseases and health complications in both children and adults. In order to best protect your child, as well as all of our patients, Pediatrics Southwest follows the immunization guidelines recommended by both the American Academy of Pediatrics and the Center for Disease Control as well as required by the State of Texas. Note that the influenza and HPV vaccines are recommended but are not required.

As of October 1, 2018, parents who decline to follow the recommended schedule for the required vaccines, without appropriate medical indication, will be asked to seek care from a different medical practice.

_____ *Initial here to acknowledge and accept the immunization policy of Pediatrics Southwest*

Acknowledgement of Receipt of Privacy Policies

By my signature below, I acknowledge that I have received the Practice's Notice of Privacy Practices on or prior to any service being provided to me by the Practice following April 14, 2003.

Patient Name: _____ Date of Birth: _____

Patient Name: _____ Date of Birth: _____

Patient Name: _____ Date of Birth: _____

Patient Name: _____ Date of Birth: _____

Signature: _____ Date: _____

Print Name: _____