

PEDIATRIC GEMS, PC
EDMOND SARRAF, MD
www.pediatricgems.com

OFFICE POLICIES

IT IS IMPORTANT THAT YOU TAKE THE TIME TO REVIEW OUR POLICIES.

1. All new patients must complete our patient information forms prior to being seen. Established patients must update their information on a yearly basis or as information is changes.
2. To ensure accuracy when billing your insurance company, we must have a current copy of your insurance card on file. If we are unable to verify your insurance benefits you will be required to pay at the time of service. Your insurance is billed as a courtesy **only** and **all** charges including non covered services, deductibles, and copays are your responsibility.
3. All insurance co-pays and percentages are due on the day of the visit. You will be required to pay for office visits in full until your yearly deductible is met.
4. Please notify the office 24 hours in advance if you are unable to keep you appointment. All no show appointments will result in a \$35.00 no show fee.
5. All returned checks will be assessed a \$35.00 returned check fee. After two returned checks, we will no longer accept personal checks on your account.
6. There is a \$10 fee for all official school or government forms (school medication, physical).
7. There is a \$25.00 fee to transfer medical records unless we send them directly to your new provider.
8. We must be notified of any changes in your insurance coverage and have the insurance verified prior to seeing the doctor. If you do change insurance carriers, please call the office prior to coming in for your appointment. This way we can have your insurance verified prior to you appointment.
9. New babies must be added to your insurance policy before any claims will be paid. Most insurance companies require that you do this within thirty days after the baby is born. Please verify this with your insurance.
10. If your insurance company has not responded within ninety days from the date the claim was filed, you will be responsible for payment of the bill. In the event the insurance company pays after you have paid, you may request a refund.
11. Please notify your pharmacy 48 hrs in advance for prescription refills.
12. We do communicate via email at patient request. Please be advised that this is not a secured form of communication (HIPPA Compliant) and an additional signature is required.

SIGNATURE _____ **DATE** _____

AUTHORIZATION TO COMMUNICATE VIA EMAIL _____

Welcome And We Are Excited To Make You Part Of Our Extended Family

