

DR. JACALYN BLACKWELL-WHITE, M.D., P.A.

AND ASSOCIATES

WELCOME TO OUR OFFICE

OFFICE POLICIES

- **NO PATIENT UNDER THE AGE OF 18 WILL BE SEEN WITHOUT A PARENT OR GUARDIAN.**
- **NO MINOR WILL BE SEEN WITH ANOTHER ADULT UNLESS WRITTEN OR DOCUMENTED CONSENT BY PARENT/GUARDIAN IS PRESENTED OR ON FILE.**
- **A CONSENTING ADULT MUST REMAIN PRESENT WITH THE PATIENT AT ALL TIMES.**
- **ID AND INSURANCE CARDS WILL BE EXPECTED UPON EVERY VISIT. REGISTRATION FORMS WILL REQUIRE FULL COMPLETION BY PARENT/GUARDIAN ANNUALLY.**
- **MINORS CAN BE SEEN WITHOUT AN ADULT FOR CONTRACEPTION, DIAGNOSIS OR TREATMENT FOR STD, PREGNANCY AND IF THEY ARE AN EMACIPATED MINOR.**

MISSED APPOINTMENTS

- **CANCELLATIONS MUST BE MADE 24HRS PRIOR TO THE SCHEDULED APPOINTMENT.**
- **A \$35 FEE WILL BE CHARGED FOR MISSED APPOINTMENTS NOT CANCELLED WITHIN 24HRS.**
- **THERE IS A 15 MIN GRACE PERIOD ALLOWANCE PER APPOINTMENT TIME. PLEASE BE PREPARED TO RESCHEDULE THE APPOINTMENT IF PAST THE 15 MIN GRACE PERIOD. THIS WILL BE CONSIDERED AS A MISSED APPOINTMENT.**

REFERRALS

- **REFERRALS ARE REQUIRED BY SOME INSURANCE COMPANIES IN ORDER FOR YOUR CHILD TO SEE A SPECIALIST. IF YOUR FAMILY IS ENROLLED IN A MANAGED CARE PLAN (I.E. HMO OR MCO), YOU MUST RECEIVE A REFERRAL FROM OUR OFFICE BEFORE SEEING A SPECIALIST. NO RETROACTIVE REFERRALS WILL BE GIVEN.**
- **ALLOW A 2 BUSINESS DAY WAIT FOR REFERRALS. PLEASE REQUEST THIS SERVICE AHEAD OF TIME.**

PRESCRIPTION REFILLS

- **ALL PRESCRIPTION REFILLS FOR CHRONIC ILLNESSES ARE COMPLETED WITHIN 48HRS OF REQUEST. THIS INCLUDES MEDICATIONS FOR ADHD/ADD. PLEASE REQUEST REFILLS IN ADVANCE TO AVOID DELAY.**
- **CONTROLLED SUBSTANCE MEDICATIONS MUST BE PICKED-UP BY A CONSENTING ADULT W/ID AVAILABLE.**

FORM FEES\RECORD REQUESTS

- **HEALTH FORMS REQUIRE 5-7 BUSINESS DAYS TO BE COMPLETED AND A \$5 FEE IS EXPECTED UPON REQUEST.**
- **IMMUNIZATION RECORDS REQUIRE 48HRS TO BE COMPLETED AND A \$1 FEE IS EXPECTED UPON REQUEST.**

- EXPEDITED FORMS HAVE A 24HR TURN AROUND TIME WITH A \$20 FEE EXPECTED UPON REQUEST.
- THERE IS **NO FEE** FOR FORMS THAT ARE PRESENTED ON THE DAY OF PHYSICAL APPOINTMENTS.
- COMPLETE MEDICAL RECORDS REQUIRE A 10 TO 30 DAY TURN AROUND TIME AND A \$30 FEE IS EXPECTED AT TIME OF REQUEST. IF RECORDS ARE BEING SENT TO A NEW PHYSICIAN THERE IS NO CHARGE.

PAYMENT POLICY

ALL PAYMENTS ARE DUE AT THE TIME SERVICES ARE RENDERED AND COLLECTED AT THE TIME OF CHECK-IN. THIS INCLUDES CO-PAYS, CO-INSURANCE, DEDUCTIBLES, AND/OR ANY OUTSTANDING BALANCES. FAMILIES WITH OUTSTANDING BALANCES MUST ARRANGE TO MAKE PAYMENTS PRIOR TO BEING SEEN. THE GUARANTOR IS RESPONSIBLE FOR ANY CHARGES OR SERVICES NOT COVERED BY THE INSURANCE PLAN, INCLUDING CHARGES FOR SERVICES THAT THE INSURANCE COMPANY DEEMS "NOT MEDICALLY INDICATED".

WHEN VISITING OUR OFFICE, PLEASE BRING YOUR MOST CURRENT INSURANCE CARD TO ENSURE THE INFORMATION IS VALID AT THE TIME OF SERVICE. INCORRECT OR OUT-OF-DATE INFORMATION WILL DELAY YOUR INSURANCE CLAIM AND MAY MAKE YOU RESPONSIBLE FOR THE FULL OR PARTIAL PAYMENT.

PLEASE REMEMBER THAT WE CAN NOT ACCEPT RESPONSIBILITY FOR COLLECTING OR NEGOTIATING CLAIMS WITH YOUR INSURANCE PROVIDER. THE CONTRACT THAT YOU HAVE ACCEPTED FOR YOUR FAMILY IS A BOUND COMMITMENT BETWEEN YOURSELF AND THE INSURANCE COMPANY. FOR THOSE FAMILIES WHO DO NOT HAVE INSURANCE OUR OFFICE PROVIDES A DISCOUNTED FEE FOR SERVICE.

THANK YOU,

ANY QUESTIONS AND/OR CONCERNS REGARDING THE ABOVE OFFICE POLICIES PLEASE CONTACT:

MR.WHITE (OFFICE MANAGER)

(410) 521-7337 EXT. 113

MS. LISA FRANKLIN (BILLING MANAGER)

(410) 521-7337 EXT. 115