



PEDIATRIC ASSOCIATES OF NYC, P.C.

317 East 34 Street
New York, NY 10016
(212) 725-6300

20 Plaza Street East
Brooklyn, NY 11238
(718) 857-5500

22-18 Jackson Avenue
Long Island City, NY 11101
(718) 786-5506

Office Policy & Procedures

Welcome to Pediatric Associates of NYC! The following information will help you become familiar with some of our practice policies to assure you have a general understanding of how our office is run. Our goal at Pediatric Associates of NYC is to provide the highest quality, compassionate, and comprehensive medical care for children, from infancy through late adolescence. Our philosophy is to foster the development of effective and independent parenting skills based on accurate and current data with the use of common sense and reason. Our physicians emphasize the importance of parents and older children learning about issues of growth, development, behavior, preventive health, and the management of illness. Armed with information rather than myth, parents become more comfortable, confident, and capable of dealing with the vast array of issues that present on a daily basis when raising children.

Office hours in Manhattan and Brooklyn are: Monday – Thursday from 8am to 7:30pm, Friday from 8am to 6pm and Saturday/Sunday/Holidays for sick visits and newborn visits only. Our LIC office is open Monday - Friday 9am to 5pm

Weekend and holiday appointments are not scheduled ahead of time. Please call the same day after 9am for an appointment.

Check if we are in your insurance network – For 1st time patients it is very important that you call your insurance company before your scheduled visit to confirm whether or not we are in your network. For established patients, if you are changing your insurance plan we urge that you verify if our physicians are listed as providers within the networks that you are considering.

Routine well visits are scheduled from 8:00AM – 5:30PM Mondays through Thursdays and on Fridays from 9:00AM – 4:00PM. Well child care visits are scheduled according to the guidelines of the American Academy of Pediatrics. Please note that this schedule may be different from the one devised by your insurance company.

Prenatal Consultations are complimentary and are scheduled during routine business hours.

Sick visits - If your child needs to be seen due to an illness, same day appointments during office hours are always available. Please call to schedule an appointment. Should your primary physician be fully booked or out of the office, you will be able to see another physician in the practice. Please note if you schedule an appointment for an illness, a well visit check up cannot be done at that appointment.

Co pays – As part of our contract with the insurance companies we are legally required by the terms of our contract to collect any co pays from you at the time of service.

Cancellations – We do understand that in today’s busy world occasionally situations come up that are beyond our control. In those instances, we require 24-hour notice. Pediatric Associates of NYC will charge \$50 for missed appointments and cancellations with less than 24 hours notice, except for cases of medical emergency.

Late for an appointment – We realize that days do not always run as smoothly as planned and we apologize. If you are late for a scheduled appointment, the physician will do their best to accommodate you but it is possible that we may need to reschedule. We run a tight schedule and cannot delay those who are on time.

Missing an appointment – We cannot stress enough how important it is that you come to all scheduled appointments. As a courtesy, we send text reminders 1-2 days prior to your appointment. However, ultimately it is your responsibility to keep your appointment time even if we cannot reach you. If you do not show up for a scheduled appointment and do not call to cancel your appointment at least 24 hours prior to your appointment, you will be charged a **no show fee of \$50**

Appointment notes – We do our best to run on schedule and we realize that your time is also valuable. There are many ways you can assist us in staying on time:

Please be on time for your appointment

Walk-in appointments are not permitted.

If you schedule a visit for one child, please bring only that child for a medical visit.

If more than one child needs to be seen, please call to confirm there is availability.

Credit Card Authorization – As you may be aware, the current economic downturn has resulted in employers selecting health care insurance policies that have increasingly transferred costs to you, the insured. It is cost prohibitive for us to participate in managed care and have to bill both the insurance company and you, the patient. In order to continue our participation in managed care and accept your insurance, we have phased out patient billing.

We are requiring that patients leave a valid open credit card with a signature on file, authorizing PANYC to bill that card for the “patient responsibility” amount identified by your insurance company. This amount is clearly listed on the Explanation of Benefits (EOB) form which is supposed to be sent to you by the insurance company after each visit.

Credit Card information will be entered into a professional, secure credit card gateway and no credit card information will be kept by PANYC. PANYC will send you an email notification whenever your card is charged.

Camp & School Forms – We are happy to complete a health, camp or school form if the patient has had a wellness visit within the past 12 months. All required facility specific medical forms must be submitted at least 2 weeks in advance to ensure that all paperwork can be completed. We do not accept faxed forms. During peak times (summer camp & back to school rush) at least 4 weeks should be allowed. We are unable to offer expedited form completion. We will generate one complimentary generic NYC health form (that includes all necessary information) for both camp and school. Should you require that a facility specific form be completed, there is a \$20 fee for completion of the form. **Please email forms for completion.** Once completed, forms will be emailed back to you.

For Manhattan patients, panyc@pedsnyc.com;

For Brooklyn patients, pabrook@pedsnyc.com;

For LIC patients, panycLIC@pedsnyc.com

Consent for treatment without parent - By signing and initialing below you give the providers of PANYC permission to medically evaluate and treat your child if you are not physically present at the appointment.

Phone Calls – We receive a large volume of phone calls each day. When calling us, please let us know if you are calling about a medical concern, appointment, medication refill or referral. Note that during the COVID-19 public health emergency, many insurance companies approved coverage of patient-to-provider phone calls (no video) in instances where medical decisions are made. The decision to bill for a telephone call will be made by the doctor should the doctor deem it appropriate

Referrals must be requested at least 3 days prior to your appointment unless the visit is an emergency. If you do not request a referral prior to seeing a specialist, we will not backdate a referral. This violates our contract with the insurance company. Without a valid referral you could be responsible for payment of any charges incurred at the specialist's office. Request referrals by completing our [Insurance referral request form](#).

Prescription Refills must be requested at least 3 business days in advance. Please make sure to provide us with all the necessary information when calling us, such as the pt's name, DOB, exact name, strength and dosage of medication along with the pharmacy number. Also please make sure to confirm the phone number where we can contact you should we need to verify any of the information. Certain refills may require a phone consultation with a doctor before prescribing.

Check In – When arriving at PANYC, please register with the front desk. **Please bring your insurance card at each visit.** Full payments for all co-pays are expected at the time of service.

Check Out - Follow up and routine appointments may be made at the desk during check out. For self pay patients, payment may be made by check, or credit card only. We do not accept cash.

Lab Services – Within our practice we have a full service laboratory on site. Oxford members are required by their insurance company to go to an outside lab for routine blood work with the exception of bilirubin testing on newborns. We do offer Oxford members the option of having routine blood work done in our office for an additional fee of \$30.

Take note that Pediatric Associates of NYC uses a policy of “No News is Good News” where if your routine labs come back with normal values (results within the normal limits) we will not routinely call you. As always, if you wish to speak with a doctor about lab results please allow at least 3 days before calling for results.

Medical Records – Your medical records are strictly confidential. The Health Information Portability and Accountability Act (HIPAA) restricts us from releasing any information without your written permission. If you need to request a copy of your medical records, there is no charge for 1st time records being sent to another facility but please notify us as soon as possible. Legally we have 30 days after we receive written authorization from the patient to release the records. We incur an expense to provide you with this service and that cost will be passed on to you for any additional set of copies requested. Our fee for copies is \$0.75 for each page. Payment is expected before the records can be released.

Vaccine Policy – PANYC strongly believes in the importance of vaccinating children and does not accept families who are unwilling to vaccinate their child(ren). This is against our philosophy of high quality, preventive medicine. The immunization of children against a multitude of infectious agents is the most important health intervention of the 20th century. Based on the current medical evidence, we fully support the AAP and CDC’s complete immunization schedule and do not delay vaccination or follow alternate schedules unless medically indicated. If parents opt to follow an alternate schedule or not vaccinate, we will ask that they find a different pediatrician. Feel free to discuss immunization questions with your physician.

Payment Policy - Payment for services is expected at the time of your child's visit. This includes co-pays, balance from prior visits and payment in full when we are not contracted with your insurance carrier. We accept checks and credit cards (Visa, MasterCard, Discover & American Express). The accompanying parent/adult is responsible for full payment at the time of the visit and for providing current insurance information.

Refund Policy – PANYC will process refunds within 4-6 weeks.



PEDIATRIC ASSOCIATES OF NYC, P.C.

317 East 34 Street
New York, NY 10016
(212) 725-6300

20 Plaza Street East
Brooklyn, NY 11238
(718) 857-5500

22-18 Jackson Avenue
Long Island City, NY 11101
(718) 786-5506

Please review and initial in the space provided.

No Show Policy/Cancellation Policy I understand that PANYC will charge me \$50 for any missed appointments that are not canceled at least 24 hours in advance. *Initials_____

Form Policy I understand that PANYC will provide my child with a generic medical form free of charge. Should I need an individual form completed, PANYC will complete this form for a fee of \$20 per form. *Initials_____

CC Authorization Policy I authorize PANYC to keep my signature on file and to charge my credit card on file for the balance of charges identified by my insurance company as patient responsibility. *Initials_____

FOR OXFORD MEMBERS ONLY: Oxford - Lab Policy I understand that Oxford requires that I go to an outside lab for routine lab services where I would have no out-of-pocket expenses. I am requesting that my child's blood testing be performed at the lab of PANYC whenever necessary for a charge of \$30. *Initials_____

Financial Policy I understand that payment for services is expected at the time of my child's visit. This includes co-pays, balance from prior visits and payment in full if they are not contracted with my insurance carrier. I agree to be financially responsible for any non covered services. *Initials_____

Billing For Telephone Calls I understand PANYC's telephone billing practices and consent to my insurance being billed for any telephone calls should the doctor deem it appropriate. *Initials_____

Consent for treatment without parent - By signing and initialing below you give the providers of PANYC permission to medically evaluate and treat your child if you are not physically present at the appointment. *Initials_____

I have read and understood the office policies and procedures of Pediatric Associates of NYC.

*Patient name (Print) _____

*Parent/Guardian (Print) _____

*(Parent/Guardian) (Signature)_____