

Appointment Policy for Dundalk Pediatric Associates

It is the mission of Dundalk Pediatrics to provide your children the best care possible at all times and to accommodate as many requests as is realistic and feasible. Please review our policy that affects the way services are provided.

Arrive early: Please remember that all insurances require that your insurance data be updated prior to each encounter or claims may be denied.

Scheduling an appointment: Please call 410-284-1133 during regular office hours. Appointments are issued on a first-available basis.

Late arrivals: You may be asked to reschedule. Every effort will be made to accommodate rescheduling your child's appointment.

Walk-ins: For our acutely-ill established patients only. They are held Monday through Friday 9:00am to 1:00pm and 2:00pm to 5:00pm. Saturdays 9:00am ending promptly at 1:00pm.

After hours: Please limit after-hour calls to URGENT issues and emergencies. For prescription refills, appointment requests, and other non-urgent matters, you will be asked to call the office during regular office hours.

No-shows: We do require at least 24 hours notice when cancelling any appointment. *If no call is made and the appointment is not kept, there may be a \$25.00 no show fee.* Multiple no shows may result in termination from the practice.

Under certain circumstances, there may be additional services offered and charges billed at the time of a routine well-child appointment. The following are the most common situations during which these extra charges may be incurred.

- Based on your healthcare providers assessment, additional testing, screening, counseling or procedures may be requested or deemed necessary but are not typically part of a preventative well visit.
- Your child is scheduled for a well visit PLUS follow-up for a chronic issue (such as asthma, ADHD, mood disorder, behavior concerns) that would ordinarily be addressed in a separate visit. Addressing chronic issues at the time of a well visit is offered in an attempt to save you an additional office visit.

Whether the additional charges or co-pays are covered is determined by your insurance policy, not our practice or your provider. Depending on your policy, you may be responsible for part or all of the charges.

Please review your insurance policy to be aware of your individual payment responsibilities.

Parent/Guardian (Print Name)

Date

Parent/Guardian (Signature)