

DR. MANDI'S INTEGRATIVE PEDIATRICS

PRACTICE POLICIES FOR DR. MANDI'S INTEGRATIVE PEDIATRICS, LLC

We would like to thank you for choosing Dr.Mandi's Integrative Pediatrics LLC for your child's healthcare. As one of our patients, we would like to keep you informed of our current office policies. We require a signature to document that you have read and understood these policies. Thank you.

Late Policy/Cancellation Policy

The time that has been scheduled for your appointment is dedicated to you and your child. If you are running late, please notify us, so we don't worry about you. Depending on the length of your scheduled visit and the time until the next appointment, we may decide to proceed with the appointment. However, the appointment must end on time so we can continue with the day's schedule. If you decide to reschedule for a different day on the day of the appointment, this will be considered a cancellation and you will be charged a \$50 cancellation fee.

If you do need to cancel your child's appointment, please call us at least 24 hours in advance so we can offer that appointment time to another child. If we are not notified 24hours before your appointment time, you will be charged the \$50 cancellation/no show fee.

Payment Policies

Payments are due at the time of service; this is an insurance company rule. This includes copayments. We accept MasterCard, Visa and Debit cards, and personal checks. There will be a \$25fee for returned checks.

Outstanding balances such as deductibles and co-pays or co-insurances are the responsibility of the insured patient or guarantor.

Please remember to bring your insurance card and co-payment to the appointment. Please note that insurance coverage varies between different carriers. Please call your insurance carrier before coming to the office to ensure your visit will be covered if that is your expectation. You are responsible for understanding and abiding by the terms to which you agreed when you signed your contract with your insurance carrier. You are responsible for timely payment of your account. All unpaid amounts are due within sixty days after the service, regardless of insurance issues

Patients without insurance are offered a 20% discount and payment is to be made at the time of service.

Please call if you have any questions about your bill.

Prescription Refill Policy

Prescription refills is a time-consuming task. If you need refills, please ask your pharmacy to fax us a request, and we can communicate with them. Please be mindful of your child's medication refills, and when requesting a refill, please remember that it can take upto 48hours to refill a medication.

School Forms

Please try to remember to bring along school forms/camp forms/sports forms when coming in for your appointment. If the forms are dropped off at any other time, please expect a 3-day turn around time.

Signature of parent or legal guardian_____ Date _____

Print name of parent or legal guardian_____

Print name of patient _____ DOB _____

Dr.Mandi's Integrative Pediatrics,LLC

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