



# Primary Care Pediatrics & Family Medicine

## Office Policies-2018

Initials

### \_\_\_ Scheduling an Appointment:

Appointments can be scheduled by calling our office at 256-262-1040 during our office hours (Monday to Friday from 8:00 am to 4:30 pm). We have same-day appointments for most visits. Please call early in the day to allow us time. It is also helpful to inform our schedulers of any medical conditions or special circumstances when making the appointment. This allows us to allot the needed time.

### \_\_\_ Cancellation Policy/ No Show Policy:

To help our office function as efficiently as possible, we require 24hour notice to cancel an appointment. This allows us to open up the slot for another patient. We encourage you to give ample notice if you cannot make an appointment. **Failure to notify clinic in timely fashion will result in no show fee of \$25.**

### \_\_\_ Late Policy:

We strive to adhere to time, unfortunately delays do occur. Arriving late to your appointment creates an inconvenience for the other patients scheduled to be seen after you. Patients arriving 15 minutes after their scheduled appointment time will be asked to re-schedule. Late arrivals for sick visits will be worked into the schedule, but will have to wait for the next open slot.

### \_\_\_ Prescription refill:

All medication refills for chronic conditions are done during office visit. We recommend you bring all your medications during your visit. If patient is due for their follow-up or preventative care, we may need to schedule these visits prior to refilling prescriptions and can address your medication needs at that time. For the safety of our patient, our providers do not phone in antibiotic prescriptions. If the patient is sick enough to require an antibiotic, we highly encourage for him or her to first be examined. We do not call in controlled substance prescription for safety reason and require office visit for thorough evaluation.

**\*ALL PRESCRIPTION CALLED IN WITHOUT AN APPOINTMENT WILL BE SUBJECT TO A \$5 CHARGE PER PRESCRIPTION. WE ADVISE YOU TO REFILL ALL MEDICATIONS DURING YOUR OFFICE VISIT. \*PLEASE ALLOW 3-5 BUSINESS DAYS TO ALLOW FOR PRESCRIPTION CALL IN.**

### \_\_\_ Telephone Calls:

Our knowledgeable clinic staff is here to answer any clinical questions you may have. During our office hours, you can call our main office number, 256-262-1040 leave message with receptionist to speak to nurse or provider. Please remember that our priorities are the patients in our office. Our staff generally return phone calls at the end of the morning clinic session or in the evenings. You can also send a secure e-mail message to our providers using the secure patient portal. Providers often return messages during the day between patients if time permits but may vary from 1-3 business days. If you need emergency service, please call 911 or go to Women's and Children's ER at Huntsville Hospital if it is for children under 18 years old or go to nearby hospital for all other age groups. If you have an urgent medical issue after our clinic hours, please call our main office number at 256-262-1040. Follow the prompt to be connected to on-call provider. Dr. Shrestha currently shares weekend call with Madison Valley Pediatrics and Providence Pediatrics. Please do call our office during regular office hour for non-urgent call. Please be respectful of our doctor's family time and only call for truly urgent matters. There may be additional charge for nonoffice visit related after hour calls.

### \_\_\_ Immunization Policy:

We strongly believe vaccination is important for all children to protect them against vaccine-preventable diseases. We follow the schedule approved by the CDC (Center for Disease Control) and AAP (American Academy of Pediatrics) and offer all vaccines at the recommended ages and intervals. **We do not see children whose parents refuse to vaccinate their children.**

### \_\_\_ Referral Policy:

We routinely refer patient to specialist for their expert opinion. However, referrals are only done after seeing patient, so that we can thoroughly evaluate for proper referrals.

\_\_\_\_\_  
Signature of Patient (Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of patient