

## PENGUIN PEDIATRICS POLICIES:

The below signed parent or guardian does here by agree to:

1. Have Insurance card available at each appointment for verification of eligibility & benefit coverage.
2. MUST have a credit card OR debit card on file with signature, for authorization of any unpaid co-pays and balances, and bills not covered by insurance.
3. REQUEST for referrals at least 7 days (1 WEEK) before appointment with specialist or non-PCP facility, Exceptions for emergency visits which office must be notified within 24 hours.
4. REQUEST for refill at least 72 hour notice before prescription needs to be refilled or have pharmacy FAX a request to (571)223-3299- mail in order request for 30-90 days should be made at least (7 days) before prescription needs to be refilled.
5. CO-PAYS MUST BE PAID AT EACH APPOINTMENT. Pay a fee of \$20.00 for unpaid co-pays that exceed 3 or more visits.
6. Our office offers a grace period of 15 minutes from the original appt. time, if you are unable to arrive on-time for your appt. YOU need to contact us and see if your appointment needs to be rescheduled or possible work you in behind already scheduled appointments.
7. Pay a fee of \$25.00 for any missed APPOINTMENT
8. ALL bills with past due balances MUST be paid within 30 days upon receiving bill.
9. Pay \$30.00 returned check fee.

I have read, understand and agree to the items listed above.

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Parent/Guardian

Date

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Witness

Date