

Romeo K. Fernandez, M.D., P.A.

Pediatric Neurology

5458 Town Center Rd. STE 3, Boca Raton, FL 33486

Telephone:(561)288-5990 Fax: (954)391-5008

Office Policies

Patient Name: _____ **Date of Birth:** _____

Appointments, Cancellations and No-Shows

Appointments are generally scheduled Monday through Thursday from 9:00am-5:00pm and Friday 9:00am-4:00pm.

We believe that our patients' time is valuable. Every effort is made to keep your waiting time to a minimum.

Beginning January 01, 2018, the medical office of Dr. Romeo K. Fernandez will be implementing updated regulations to individuals who do not show up for scheduled appointments or cancel appointments within 24 hours of their scheduled time.

1. Individuals that do not provide proper referral documentation 48 hours prior to their scheduled appointment will be asked to reschedule to a later date.
2. Please arrive at least 15 minutes prior to your appointment time. This will give you enough time to park, complete any necessary paperwork when you arrive, and have vital signs completed so that your child will be ready for his or her appointment. We have a strict 15 minute tardy policy. If you are late, you may be asked to be rescheduled, or you may have to wait for the next appointment spot, based on availability that day. If you have an unexpected emergency, or if you are running late, please call the office.
3. It is our policy to confirm all appointments. Appointment reminders will be sent via email, text message, or voice call. It is your responsibility to keep track of your appointment time, date and location. All appointments require confirmation. All cancellations should be made prior to the appointments' 24 hour mark. If you do not call to cancel your appointment within 24 hours, the appointment will be designated as a "no show." This 24 hour courtesy allows us to give appointments to other patients. Cancellations with less than a 24 hour notice will be responsible for a \$25.00 cancellation fee. If you have two or more "no shows," we will be unable to continue to care for your child.

Copayments, Deductibles, and Non-Covered Services

1. Due to changes in today's healthcare, your insurance may not always pay for all services. You are responsible for paying any claims that are not covered by your insurance and/or apply to your deductible. If your insurance plan requires us to collect a copayment, that will be requested at the time of service.
2. In the event that your health plan determines a service to be "not payable," either when the claim is submitted or retroactively, you will be responsible for the full billed charge.
3. Individuals who arrive without the proper referral or authorization and/or if their insurance does not cover certain services that they would like to have, will be responsible for paying out-of-pocket fees.

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4. If your insurance eligibility status cannot be verified at the time of service or becomes retroactively terminated, you will be responsible for the full billed charge of your service.

Prescription Refills and Samples

- You must contact us directly for prescription refills . Prescription refills should be requested one week before you run out. ADHD/stimulant medications are federally controlled substances. These prescriptions cannot be called into a pharmacy nor can they be electronically prescribed. In addition, only a one month supply is provided per prescription. ADHD/stimulant medications will not have any refills. Please allow your pharmacy up to 48 hours to process your refill request. The pharmacist may need to check with your physician. Please note that prescriptions will not be refilled after hours, on weekends or holidays. Some prescriptions cannot be refilled if you have not seen your physician within the last 6 months. When you are being seen by your physician, please remind him/her to refill your medications at the time of your visit. If you have mail away prescriptions, please allow 7-10 business days for the necessary forms to be completed. It is very important you plan ahead with mail away prescriptions to allow us adequate time to get all the paperwork completed. We are unable to provide medication samples on a phone call request or walk in basis due to concerns over patient safety. Recent confusion over medication instructions has put patients at risk. Samples may, if available, be provided during patient visits and when beginning new medications.

Laboratory and Test Results

- All laboratory tests can be performed in an out of practice lab. You may an appointment for laboratory test and a lab order from your physician. It is your responsibility to inform us if your insurance requires prior authorization for any lab work. It is your responsibility to call us when you have your lab work done so we may receive them prior to your next visit. All laboratory/tests results are reviewed before they are released to the patient and filed in chart. Customarily, you will be notified of normal results by mail or phone within 7-10 days. Your doctor will report abnormal results or reports on special procedures as soon as they are available. If you have not heard from us within 7-10 days, please call our office.

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Referrals and Prior-Authorizations

Most managed care plans require a patient be seen by their doctor prior to seeing a specialist. Most referrals and prior-authorization requests are not handled here in the office. However, we may help facilitate obtain referrals and prior authorizations. It is the patient's responsibility to make sure all referrals and prior authorizations are properly obtained prior to any evaluation, testing, procedures, or lab work. A valid referral must be on file at least 24 hours prior to your appointment. Please allow at least 7-10 business days for non-urgent requests. You will be notified when the request has been approved and the appointment has been made.

Medical Records

- Please note that requests for any health information cannot be processed without a signed Medical Record Release form the patient or legal representative. A fee will be charged for this service. This service is outsourced and processed weekly. Please allow up to 10-14 business days for your request to be processed.

On-Call Doctor and Other

- Our practice has a neurologist on call at all times. After hours, neurologist on-call will be able to assist you for emergencies. Please do not call after hours neurologist for routine medication refills. Additionally, keep in mind, that pharmacies must dispense an emergency three-day supply of seizure medications in the event that your child runs out of his or her medications.
- Please notify us immediately of any changes to your child's information/your information, demographic information such as telephone number, addresses, insurance carrier changes, telephone numbers, etc. To protect the health and safety of our patients, we now require that patients be up-to-date on vaccinations. Please contact your pediatrician to make sure that your child has all necessary immunizations. We do our

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best to return phone calls/messages on the same day. However, if it is a non-urgent call, we may take up to 24 hours to return your call.

Patient's Financial Responsibility Form

Beginning January 01, 2018, the medical office of Dr. Romeo K. Fernandez will be implementing updated regulations.

1. Individuals who arrive without the proper referral or authorization and/or if their insurance does not cover certain services that they would like to have, will be responsible for paying out-of-pocket fees.
2. Cancellations with less than 24 hour notice will be responsible for a \$25.00 cancellation fee.
3. Individuals that do not show up to appointments without proper notice will be charged a \$25.00 no-show fee.
4. In the event that your health plan determines a service to be "not payable," either when the claim is submitted or retroactively, you will be responsible for the full billed charge.
5. If your insurance eligibility status cannot be verified at the time of service or becomes retroactively terminated, you will be responsible for the full billed charge of your service.

Please sign and return this document to the medical office of Dr. Romeo K. Fernandez. Signature of this document denotes that all parties agree to the terms and conditions of this new payment regulation.

Assignment of Insurance Benefits

I hereby authorize direct payment of medical benefits to Romeo K. Fernandez, M.D., P.A. for services rendered by him or persons under his supervision. Additionally, I authorize the release of any information concerning the patient's healthcare, advice, and treatment provided for the provide for the purpose of evaluating and/or administering claims for insurance benefits. I also understand that I am financially responsible for any balance not covered by my insurance such as co-payments and/or deductibles.

Parent/Guardian Printed Name: _____ Date: _____

Commutation between the Office and Patient/Parent/ Guardian

Communication for appointment information may be sent via a link, voicemail, text message, or email

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* Please be advised that email communication of health information may not be HIPAA compliant

Communication regarding health information will be given via fax, telephone call, or voicemail.

Telephone number (must allow for text messages): _____

Fax Number: _____ Email Address*: _____

Privacy Notice:

As a parent/guardian of the patient, I was informed that I have the right to review the provider's privacy notice. In addition to the referring physician, primary care physician/pediatrician, or another consulting physician I also authorize the sharing of any medical information or records of the patients to the following listed below:

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

Permission to Bill Credit Card on File Form

Please complete the following information in order to authorize the medical office of Dr. Romeo K. Fernandez to charge outstanding fees to the credit card listed below.

I, _____ authorize the medical office for Dr. Romeo K. Fernandez, to bill my Credit Card with the number of _____ CSC (_____) with an expiration date of ____ / 20____ for \$25.00 every time I do not show up for an appointment and/or do not cancel before the 24 hour mark of my scheduled appointment. By signing this document you are also authorizing the medical office of Dr. Romeo K. Fernandez to bill any of the following charges:

1. Individuals are expected to provide proper referral documentation 48 hours prior to their scheduled appointment. Individuals who arrive without the proper referral or authorization and/or if their insurance does not cover certain services that they would like to have, will be responsible for paying out-of-pocket fees.
2. Cancellations with less than 24 hours notice will be responsible for a \$25.00 cancellation fee.
3. Individuals that do not show up to appointments without proper notice will be charged a \$25.00 no-show fee.

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4. In the event that your health plan determines a service to be “not payable,” either when the claim is submitted or retroactively, you will be responsible for the full billed charge.

Billing Address: _____

City, State, Zip Code: _____

Phone Number: (_____) _____ Email: _____

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