



4201 Bee Caves Road, Suite C-100
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www.schoolhousepediatrics.com

Practice Policies

Our office is open Monday-Friday, 8:30 a.m. – 5:00 p.m. and Saturday from 9 a.m. – noon for urgent care visits by appointment only. We are closed for lunch 12:00 p.m. until 1:30 p.m.

Appointment Scheduling & No-Show Policy

We will try our best to schedule your appointment at the most convenient time possible. As a courtesy, we attempt to contact every patient to remind them of their appointment; however, it is the responsibility of the patient to arrive for their appointment on time. Cancellations must be received 24 hours in advance. A failure to present at the time of a scheduled appointment will be recorded in our appointment scheduler as a “no-show” and a fee of \$50.00 will be billed to the patient, not the insurance company. This fee is required to be paid prior to scheduling the patient’s next appointment.

Nurse Practitioners

Our practice does employ certified Nurse Practitioners who undergo rigorous national certification, periodic peer review, clinical outcome evaluations, and adhere to a code for ethical practices. Additionally, they promote quality health care and improve clinical outcomes. Nurse practitioners, in collaboration with health care providers, provide a full range of primary, acute, and specialty health care services including: ordering, performing, and interpreting diagnostic tests such as lab work and x-rays, diagnosing and treating acute and chronic conditions, prescribing medications and other treatments, counseling, managing patients’ overall care, and educating parents and patients on disease prevention and positive health and lifestyle choices. Patients may be booked with our nurse practitioner, especially for same day acute visits, in order to provide our patients with rapid diagnosis and treatment. Parents do have the right to request an appointment with a doctor; however, the appointment availability may require a 24 hour wait.

Copays & Collections

Copays, coinsurances, and deductibles are due at the time of service. Payment is required for past-due balances prior to your next visit. You may be asked to reschedule your appointment if you are unable to make payment. We accept cash, checks, and credit/debit cards. There is a \$50 fee for returned checks. Accounts that are unpaid after 90 days are turned over to a collection agency. An additional \$50 fee is added to account balances once they are turned to collections.

Referrals

A referral from your provider may be made to an outside specialist. Most referral requests must be approved by your primary care provider, and may require a scheduled office visit. If your insurance does not require an authorization for your referral, you should contact the specialty office directly for your appointment. If your insurance does require approval, we will coordinate the referral for you within 48 business hours. Please be aware that once our office submits a referral, it may take up to 72 hours for insurance approval.

HIPAA

The federal government requires us to share our Privacy Notice, which is posted at the front desk and throughout our practice. Please review the Privacy Notice, which explains policy on sharing patient information for treatment and billing issues.

Laboratory Services

Labs that we do not perform in the clinic are sent to CPL Laboratory. Therefore, if your insurance does not pay the full amount, you may receive a bill from CPL/Quest/Seton Laboratory. If you have a question regarding your bill, please call the number listed on your bill. Please communicate with your provider if you have any questions about your lab tests. Laboratory and all other test results may take up to one week. Your provider will contact you by telephone or by mail with your results once you receive them.

Termination From Our Practice

Our office values its patient relationships and wants to protect our patients' rights. We will only terminate patient relationships with cause and after careful consideration. Reasons for termination include: repeatedly not showing for scheduled appointments; not complying with recommended medical care; being hostile or abusive to staff; or not paying bills in a timely manner.

I have reviewed and agree to the above policies.

Parent Signature

Date

Patient Name

DOB