

# NORTH FLORIDA PEDIATRIC ASSOCIATES OFFICE POLICIES

Thank you for choosing North Florida Pediatrics as your child's healthcare provider. To familiarize you with how our office works, we are providing you with this information. We ask that you read and sign this form indicating that understand and agree to the following:

**Please initial each section to acknowledge you have read and understand.**

- \* **Our Practitioners:** Our practice consists of three (3) doctors: Anna Koeppel, MD; Maci McDermott, MD and Sarah Alvarez, MD. When your doctor is not available, we have six (6) nurse practitioners: Lindsay Calabro, Brett Everett, Naomi Mardesich, Janie Pitts, Elizabeth Strickland, and Amber Thompson, available to care for your child. Each of our providers have dedicated their lives to providing passionate and quality medical care to children. \_\_\_\_\_ **Initial**
  
- \* **Clinic Hours:** North Florida Pediatric Associates is open Monday through Friday 7:30A.M--4: 00P.M as well as evening clinics on Monday, Tuesday, and Thursdays from 4: 30P.M to 7:30P.M. All children are seen by **appointment only. We do not take walk-ins.** We ask that you always call when your child is sick so we can provide you a work-in time to minimize your wait as much as possible. \_\_\_\_\_ **Initial**
  
- \* **When Your Child Is Sick:** Please call our office during phone hours to speak to a nurse. Based on age, severity of illness, and/or symptoms, you will be offered an appointment or give instructions for home care. Not every illness requires a visit. Our triage nurses have 30+ years combined pediatric experience. They also use a telephone triage protocol approved by the American Academy of Pediatrics to be sure your child is receiving the most up todate information available. \_\_\_\_\_ **Initial**
  
- \* **Afterhours Nurse for Urgent Questions:** We have afterhours pediatric nurses available to assist with questions regarding your sick child. You can reach the nurse by dialing our office number (850) 877-1162. Please leave a message for the nurse and you will be contacted as soon as possible. \_\_\_\_\_ **Initial**
  
- \* **Non-Urgent Calls:** All other calls regarding appointments, forms, medical records, or billing will be taken during our phone hours of operation from 8: 00A.M-4: 00P.M Monday through Friday. Please follow auto attendant prompts to reach the correct department. \_\_\_\_\_ **Initial**
  
- \* **Our Website:** Our website, [NorthFloridaPeds.com](http://NorthFloridaPeds.com), provides you with many resources regarding your child's health. The resources available to you include the use of our patient portal where you can find summaries of visits, reminders about upcoming appointments, and allows you to contact our office through a secure messaging system. Any questions or requests **will** be addressed in 3 to 5 business days. Another resource we provide is a Symptom Checker. On the home page of our website, you can input your child's symptoms and receive medical advice from the same American Academy of Pediatrics approved content our nurse's use. \_\_\_\_\_ **Initial**
  
- \* **Patient Portal and Healow App:** We use the Patient Portal and Healow app to communicate with our patients. The Healow app allows patients to check-in for scheduled appointments, view referral information, update demographics, view/change upcoming appointments and much more. \_\_\_\_\_ **Initial**
  
- \* **Financial Responsibility:** You are ultimately responsible for all payment obligations regarding the care and treatment of your child. All copay and/or contracted amounts based on your insurance plan and due at the time of service. \_\_\_\_\_ **Initial**
  
- \* **Patient Dismissals:** North Florida Pediatric Assoc. believes the physician/patient relationship to be a professional one based upon mutual trust. If a breakdown in this relationship occurs, we reserve the right to refuse treatment. Reasons for dismissal include (but not limited to): \_\_\_\_\_ **Initial**
  - Dishonesty**
  - Aggressive, inappropriate, or threatening behavior to staff (actual or implied)**
  - Persistent non-compliance with treatment plans**
  - Request of services beyond our scope of care**
  - Multiple no shows**
  - Transfer to another local primary care physician**
  
- \* **Profanity:** We will not tolerate the use of profanity towards our staff or providers. \_\_\_\_\_ **Initial**

I have read and understand the policy above:

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_