

Iwona Mienko, M.D. FAAP
OFFICE POLICY

We are committed to providing you with the best possible care. Your clear understanding of our various policies is important to our professional relationship with you.

PLEASE TURN OFF CELL PHONES IN THE EXAMINATION ROOMS.

- Co-payments will be collected at check-in. They are due at the time of each visit. We accept cash and credit cards only.
- If we cannot verify your insurance coverage, payment is due at the time of the service.

Missed Appointments

-By making an appointment, you reserve a specific time for your visit. We are in the office and ready to see you. Your time slot was reserved just for you and if you miss it we can't offer it to anybody else.

- There is a \$25.00 charge for missed appointments if we are not notified of the cancellation at least 24 hours ahead of the scheduled appointment.

This fee is not covered by insurance and it to be paid prior to our scheduling a new appointment.

Insurance

Your insurance policy is a contract between you and your insurance company. **It is your responsibility to know what is covered under your specific plan.** We do not become involved in disputes between you and your insurance company regarding covered charges, deductibles, co-payments, etc. Once your insurance company has paid its portion of your bill, any remaining balance is due within 30 days.

Delinquent Accounts

A \$10.00 monthly billing charge will be added to patient accounts that are over 30 days. Any past due balance not paid within 90 days will be turned over to a collection agency. Any charges and fees resulting from this action, including collection agency fees, will be added to your account balances and will be your responsibility.

Appointment Policy

- **Please arrive early.** Allow time for parking and check in.
- Schedule your appointment by calling 718-497-1565. **We do not accept walk-in appointments.** Appointments are given on a first-available basis. We are unable to honor requests for specific appointment times.
- **Patients who arrive on time are seen at their appointment time** ahead of those who arrive late. If you arrive late, we may need to abbreviate or reschedule your child's visit.
- **Late arrivals for well-child visits and physicals will be rescheduled for the next available appointment.**

- If you have **non-emergency** questions, please call us during office hours and we will return your call the

same day. After hours, please call with **urgent** matters only that can't wait until the next business day. Please be respectful and reserve after hours calls for truly urgent issues only.

Appointments for additional children must be made by phone prior to coming to the office. If you would like another child to be seen, please schedule appointments for both children prior to arriving at our office. **No medical advice will be given for children other than the ones that are scheduled for the visit.**

Health Form and Referral Policies

- **The charge for completion of non-medical forms/letters is \$10.** The front office staff does not have the authority to alter, reduce or change these charges.

Turnaround time for form completion is 48 hours. Parents are strongly advised not to wait until the last moment to review the paperwork needed for their child's program or school.

- **Most forms require the information to be based on an examination performed within 12 months of the date the form is completed.** No form will be completed for any patient who has not had a physical examination in our office in more than 12 months. Please be aware of the requirements on the form you are submitting.

- **Forms are completed based on examinations performed by Dr. Mienko only.** Exams performed by other providers, such as urgent care centers, will not be signed by Dr. Mienko.

- **Referrals and authorizations require 48 hr advance notice for our staff.** No specialist referrals will be issued without prior visit and clearance with Dr. Mienko.

***Our office is not equipped for picking up dirty diapers.** Please take them with you!

THANK YOU VERY MUCH FOR YOUR COOPERATION AND WE ARE HAPPY TO TAKE CARE OF YOU

Signature

Date