



Blackstone Valley Pediatrics

2 MEEHAN LANE, CUMBERLAND, RI 02864

747 VICTORY HIGHWAY, NORTH SMITHFIELD 02896

OFFICE POLICIES

This notice serves to inform you of changes Blackstone Valley Pediatrics must incorporate in order to efficiently serve our patient base and community.

MISSED APPOINTMENTS

To allow for **LOW** volume scheduling and reduced wait times, we continue with our fee for missed appointments without 24 hour notice. This fee is **NOT** covered by insurance and will be billed directly to the patient. Fees: **\$25** – newborn to 11 years of age **\$15** – all ages, missed shot appointments
\$40 – age 12 years and older

EMAIL ADDRESS

Due to Federal Patient Center requirements every patient must provide an email to facilitate patient portals as well as provide a means of communication. **IT IS ABSOLUTELY NECESSARY THAT WE OBTAIN A VALID EMAIL ADDRESS.** We must comply with this requirement to remain a preferred provider with all insurances.

BILLING FEES

All co-payments and ALL applicable deductible payments are due at the same day as your child's appointment. Any billing will be charged a \$10.00 billing fee when payment is not made on date of service. It is the patient/parent's responsibility to keep accounts current. Accounts that are more than 90 days old, without good faith payments toward the balance, will be forwarded to our collection agency and the patient will be discharged.

SCHOOL /SPORTS FORMS/ANY FORM OF LETTERS

No charge for the first school form in a calendar year (usually given at annual physical). Additional forms or letters for daycare, lawyers, or other circumstances are **\$10.00** each, rush forms are **\$15.00** each (same day). No courtesy photocopies.

PLEASE SIGN/DATE BELOW

PATIENT'S NAME: _____

PARENT/GUARDIAN/SELF: _____

EMAIL ADDRESS: _____ DATE: _____