

SEVIERVILLE PEDIATRICS

PRACTICE INFORMATION/POLICIES

Thank you for choosing our office for your family's pediatric health care. In order to provide optimal health care to your child and to facilitate the scheduling of appointments, we ask that you become familiar with our office policies:

OFFICE HOURS

Monday- Friday: 8:00AM to 5:00PM

Saturday: 8:00AM to NOON @ Sevierville Pediatrics OR Seymour Pediatrics (alternating)

APPOINTMENT SCHEDULING

Our practice sees patients by appointment. We are not set up to operate on a walk in basis. We see patients from birth through age 17 years old. When calling for an appointment, please give your child's proper name, date of birth, who will bring the child, insurance name and telephone number. If you have more than one child that needs to be seen please schedule a separate appointment for each child so we can give each child the attention and time they need.

Please call 2 weeks in advance for well child checks and visits for problems that have lasted more than 2 weeks.

We recommend well visits at:

1, 2, 4, 6, 9, 12, 15 and 18 months of age

2, 2 ½ and 3 years of age and yearly after that

CANCELLATIONS AND MISSED APPOINTMENTS

Please notify our office at least 2 hours prior to your appointment for sick visits and 24 hours prior to a well visit if you cannot keep your appointment. You will be called or notified in writing of missed appointments that are not cancelled. **Please be aware that if you are more than 10 minutes late for your appointment it may be considered a missed appointment and you may be asked to reschedule.** After three (3) missed appointments that have not been appropriately cancelled, your family will be asked to find another physician.

IMMUNIZATIONS

Our practice strongly recommends that all children be immunized. We understand it can be difficult to watch your children receive multiple injections, but there is plenty of research that assures us that giving multiple vaccines, though stressful, does not overwhelm the immune system. You can find more information at immunizations.php, and <https://www.cdc.gov/vaccines/acip>. Please discuss this further with your provider. After education, if you remain uncomfortable with giving your child immunizations, you will be asked to find another physician.

FINANCIAL POLICY

Payment is due at time of service. All private pay, third party co-pays and deductibles are due at time of service. We can accept cash, check or selected credit cards (Visa, Master Card and Discover). We will need a copy of your insurance card at each visit to enable us to file your claim correctly. We will also have you sign a form that allows us to bill your insurance company. It is your responsibility to inform us of any change in insurance. Please be aware that you will be responsible for any amount not covered by your insurance.

TENNCARE POLICY FOR NEWBORNS

Your newborn is covered under the mother’s TennCare plan for **30 days ONLY**.

We recommend that parents/guardians initiate the enrollment process for TennCare immediately upon discharge from the hospital AND that you request that one of our Providers be assigned as your child’s PCP (Primary Care Physician).

Once your child is thirty (30) days old, you will be listed as a Self-Pay patient and will be responsible for payment of your child’s bill unless you can present a valid TennCare card or Subscriber ID for your child AND we can verify that one of our Providers is listed as the PCP.

Please contact TennCare through the Health Insurance Marketplace. You may apply online at www.healthcare.gov or by phone at 1-800-318-2596. After they review your application, they will let you know if you are eligible for TennCare. Our office accepts BlueCare, United Healthcare Community Plan and Amerigroup TennCare plans.

COMMERCIAL/PRIVATE INSURANCE POLICY FOR NEWBORNS

In most cases, your newborn is covered under the mother’s commercial/private insurance plan for **30 days ONLY**. Therefore, we recommend that you contact your insurance carrier immediately after birth to have them added as a dependent on the policy. In addition, if required by your plan, request that they assign one of our Providers as your child’s PCP (Primary Care Physician).

Once your child is 30 days old, you will be responsible for payment of your child’s bill unless you can present a valid insurance card or Subscriber ID for your child AND we can verify eligibility.

ACKNOWLEDGEMENT: My signature below indicates that I have read and understand the information provided and the policies listed.

Signature of Parent/Legal Guardian

Date

Printed Name

Relationship to Patient

Patient’s Name

Patient’s Date of Birth