

GENERAL POLICY

Thank you very much for choosing **Fayetteville Children’s Clinic, P.A.** as your child’s healthcare provider. We are committed to providing high quality medical care and look forward to partnering with you in caring for your child. Our general policy, as well as your responsibilities are outlined below.

IMMUNIZATION POLICY: We require all our patients to be immunized as recommended by the CDC and as required by the State of North Carolina. We will not accept patients whose parents choose not to immunize or choose to delay immunization contrary to our doctors’ advice.

AFTER-HOURS CALLS: Please call 910-484-3121, if you need urgent medical advice after hours. An operator will connect you with a triage nurse as appropriate. We ask that you consult our website, or call during our regular business hours for non-emergent medical questions, form completion, medication refills, appointment scheduling, referrals and such.

REFERRALS: We provide referrals for our established patients and help find a specialist or testing facility, based on recommendations from our doctors. An office visit may be required to initiate a referral or any testing. Please allow up to 10 business days to process a referral.

PRESCRIPTION POLICY: Please allow 48 hours for most medication refills. An office visit may be needed to determine whether a refill is appropriate. Medication refill requests are not addressed outside of our regular business hours, unless triage of symptoms indicates urgency, as determined by the on call nurse and doctor. To ensure your child’s safety, we may not be able to prescribe a medication over the phone. Please call our office for an appointment, if you believe your child is sick enough to need a prescription.

SATURDAY APPOINTMENTS: We provide walk-in urgent care to our established patients on Saturday mornings between 9:30 – 11:30 am. There is an additional \$35 fee for all Saturday visits.

NEBULIZERS AND SPACERS: As a service to our families, we provide nebulizers and spacers to our patients with certain respiratory issues. The equipment is supplied by Active Healthcare, Inc. They will bill your insurance company directly. Please contact Active Healthcare, Inc. at 919-870-8600, ext. 83, to verify your insurance benefits including deductibles, coinsurance and out-of-pocket costs. You may call them within 48 hours of receiving the equipment to estimate a private pay cash price, without filing insurance.

MUTUAL RESPECT: We expect our staff to treat each and every patient and family member with utmost respect and compassion. In return, we expect the same from our patients and families. Those who show unacceptable behavior may be asked to seek care elsewhere.

I have read and accept the above general policies.

Date _____ **Parent/Guardian:** _____ **Witness:** _____

Patient Name: _____ **DOB:** _____