

OFFICE POLICY
Lynne M. Ellis, M.D., P.A., Pediatrics

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727-822-5393

Mission Statement

We are dedicated to providing you with the highest standards of pediatric care for your children. You are encouraged to call the office with any concerns. Questions are best handled during office hours. We answer our own on call on a 24 hour a day, 7 days a week basis, should an urgent need arise. We work closely with All Children's Hospital and recommend their emergency department for any deterioration during an illness or emergencies.

Office Hours

Our office opens at 7 am, Monday through Friday. We close for lunch between noon and 1 pm. We schedule well visits until 4:15 pm and leave when we are done taking care of our patients.

Appointments

Always call our office for an appointment. Walk ins will be seen after scheduled appointments and may have a long wait. If you are unable to keep a schedule appointment, please call our office to cancel or reschedule so that time is available for another child. Appointments missed without prior notice will be subject to a \$20 missed appointment fee. If you are more than 15 minutes late to your appointment, the office reserves the right to reschedule. We do our best to keep your waiting time to a minimum. Please be aware that sometimes a patient may require extra time from the provider and be patient.

Please update your address and telephone with us each time you visit.

If you have been prescribed medication by another physician or specialist, please bring the medication with you to your next appointment.

If you are being seen for an Emergency Department follow up, please bring any prescribed medications with you.

If you are a new patient, please bring your current immunization record and a list of current medications.

Routine Physical Examination

Our office routinely schedules checkups at 2 weeks, 1 month, 2 months, 3 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years and every year after that.

Immunizations will be given at the appropriate checkups along with detailed vaccine information.

Examinations include measuring weight and height, age appropriate lab testing, and age appropriate anticipatory guidance.

If your child is not feeling well at your scheduled appointment, we will see them for the illness and reschedule your well visit to a later date.

Vaccine Information

The most current vaccine information can be obtained from the Center for Disease Control web site. <http://www.cdc.gov/vaccines/>

On Call

If you have an urgent need after hours, please call the office at 727-822-5393 to get the on call number. Prescription refills, routine questions, appointments, billing questions, and referral requests can only be done during office hours.

Copayment

We are required by your insurance company to collect a copay each and every time a child is seen by one of our practitioners. Please be prepared to pay your copay for each child seen at the time of service. If a friend or family member brings the child, please make arrangements for the copay. If we need to bill the copay, we will charge a \$10 billing fee. Previous balances must be paid before the child can be seen. If you are unable to pay in full at time of service, please contact the billing office to make a payment plan.

Insurance and Billing Policy

We will bill your primary insurance. Please be prepared to present your insurance card at every visit. If your insurance has changed, notify the office staff before your child is seen. If we are unable to verify the insurance before your child is seen, you will be responsible for the charges. You are responsible for all charges your insurance does not pay, plus deductibles and co-insurances. If your insurance does not pay in a timely manner, we will bill you and you can collect from the insurance company. We will verify eligibility but this is not a guarantee of benefits. It is your responsibility to be familiar with your insurance benefits. Be aware that not all insurances cover all services done in the office. If you do not have insurance, we offer a prompt pay discount. Payment must be made the same day services are rendered in order to receive the discount. Returned checks are subject to a \$25 charge.

Payment

Our office accepts cash, local checks, Visa and Mastercard for payment.

Forms

We will fill out health forms (yellow exam forms and blue immunization forms) for daycare or school at the time of the visit when requested. We will also fill out camp forms or sports physicals during checkups. If requested at any other time, please give the office 24 hour notice and we will charge \$5.00 for the forms. Due to state guidelines, only original forms are accepted and we are unable to fax the forms. Please be prepared to pick up requested forms or mail us a self addressed stamped envelope along with the fee and will return them to you.

If your child is being seen for a pre-op examination, please bring the required paperwork to your visit.

Referral Policy

If your child needs to see a specialist or is having diagnostic testing done, check your insurance plan to see if you need a referral for the service and if the doctor or facility participates with your insurances. If your insurance requires a referral from the primary care physician, contact our office. The referral process can take up to five business days so please plan ahead. Ask the specialist office if they need any pertinent information from our office and provide us with a fax number.

Child Safety Resources

Car Seat Inspection Locations: <http://www.nhtsa.gov/cps/cpsfitting/index.cfm>

Poison Control - American Association of Poison Control Centers
to contact poison control in Hillsborough, Pinellas, and Pasco counties
1-800-222-1222 or visit their web site: <http://www.aapcc.org/dnn/default.aspx>

Consumer Product Safety Commission web site: <http://www.cpsc.gov/>

Patient Rights

All patients should be guaranteed the following freedoms:

- To seek consultation with the physician(s) of their choice;
- To contract with their physician(s) on mutually agreeable terms;
- To be treated confidentially, with access to their records limited to those involved in their care or designated by the patient;
- To use their own resources to purchase the care of their choice;
- To refuse medical treatment even if it is recommended by their physician(s);
- To be informed about their medical condition, the risks and benefits of treatment and appropriate alternatives;

To refuse third-party interference in their medical care, and to be confident that their actions in seeking or declining medical care will not result in third-party-imposed penalties for patients or physicians;