Coastal Pediatric Medical Group, Inc.

Office Policies and Patient Responsibilities - updated August 18, 2025

Patient's Name: _____ Date of Birth: _____

Parent / Guardian Name: _____

INSURANCE & PAYMENT RELATED POLICIES

1. Terms and Conditions: Your insurance policy is a contract between you and your insurance company. You are responsible for knowing your policy's terms and conditions. Coastal Pediatrics will attempt to verify eligibility and benefits as a courtesy, but we cannot obtain exact payment details until the claim is processed.
2. Contracted Insurance Plans (All plans): as proof of coverage, an insurance card must be presented prior to treatment. If benefits cannot be verified, your payment will be expected at the time of service.
2. Copayments: Due at the time of service. We cannot legally waive co-pays, even if you were seen the day prior.
3. Deductibles: If your insurance plan has a deductible, you will be asked to pay at the time of service until the deductible amount, which is set by your insurance carrier, has been met.
4. Insurance Claims: We will submit to your insurance carrier a claim for all services rendered and will accept their contracted payment. You will be advised of breach of contract if your insurer doesn't honor that claim in 45 days.
5. Well Child Checks (physicals): Your insurance may cover only the preventative care parts of your child's physical. If your child is sick or requires further evaluation during a Well Child Check, you may incur additional charges.

APPOINTMENT RELATED POLICIES

1. Appointments: Our office sees patients by appointment only. This is true for vaccine visits as well. If you are more than 15 minutes late for an appointment, it may have to be rescheduled.
2. No-Show Appointments: Always call our office to cancel or reschedule any appointment. You will be charged a $80.00 fee for any no-show or any cancellation within 24 hours of the appointment.
4. If you do not cancel your appointments appropriately, we reserve the right to change the way you are able to schedule appointments. You may also be discharged from our practice.
5. Returned Checks: A $35.00 fee will be charged for any returned check.
6. Delinquent Accounts: All delinquent accounts will be reported to a collection agency after 60 days.

FAMILY RELATED POLICIES

1. Co-parenting, divorced parents and custody issues: We expect parents to speak with each other or communicate through an app such as "Talking Parents" to discuss the medical care of their children. We will not call one parent to inform them about upcoming appointments that were scheduled by the other parent. We will not call the parent that was not in attendance with updates.
2. If one parent is present and another is not, we will assume you had prior discussions about what medical care you accept and do not accept. This is true whether you are married or not, co-parenting or not. We will not be held responsible for treating your child with one parent's consent if you did not communicate. This is especially true for procedures and vaccinations. If you are unclear where your co-parent or partner stands on an issue, we suggest you communicate.
3. It is your responsibility to keep all legal documents (custody, court orders, conservatorship, etc.) updated.

PHOTOS & VIDEOS

1. Coastal Pediatrics does not allow any photos, videos, phone calls, video calls, to be taken in our office during patient care without directly asking our physician. Photos with our physician are almost always fine if you ask!
2. We recommend you bring photos or videos that concern you into the office. These may be of rashes or of episodes (fits or tantrums or seizure-like activity). We certainly also appreciate seeing how rashes evolve and seeing behaviors you may catch that we may not otherwise see during an office visit. These can be important documentation of a problem. We may ask you to send these via our portal, but not by unsecured email or text.

VACCINE POLICY

1. Vaccinations protect children from very serious preventable diseases. To ensure the health and safety of all our patients, we require that all children in our care are vaccinated. If you prefer not to vaccinate your child, we kindly ask that you seek another pediatric practice that better aligns with your preferences.

MEDICAL RECORDS

1. Medical Records: A fee will be charged for the copying and release of a patient's medical records. This is in accordance with California law (Health & Safety Code §123110). We charge $40/chart to mail them, or you can pick them up in either office for $25/chart. Coastal Pediatrics has 14 days to provide the records.

PRESCRIPTIONS & REFILLS

1. Medications are sent electronically at the end of our morning or the end of day. We expect you to sign up for\ pharmacy alerts and always call the pharmacy first if there is no alert.
2. Refills can be initiated by calling the pharmacy. This ensures the refill happens correctly and by the original prescribing physician. If significant difficulties arise, please leave a message for our Medical Assistants (MAs).
3. Refills will be done during weekdays unless they are for emergency medications (albuterol, epinephrine, or insulin). Even with these meds, we expect you to keep up on medication counts and when refills are due.
4. Outside of appointments, do not ask the doctor for medication refills via email or otherwise. This helps prevent prescription errors, allows for proper documentation and allows for another doctor to help, if need be.
5. Keep up with appointments as asked. The frequency of visits are determined by the physician and be every month (for ex. mental health issues in the beginning), every 3 months (for most chronic medical issues and prescriptions like asthma and stable ADHD), or every 6 months (for birth control). Some of these appointments can be done via TeleHealth, especially for young adults.
6. Controlled medications are tricky. Please ask for refills days ahead, help us find a way to send a 90 day prescription when possible, and keep up with your appointments. If you know the doctor is worried about your child's weight and you haven't seen us for 3 months, you should start by making an appointment so we can be sure the prescription is still appropriate. If you have cancelled or rescheduled multiple appointments, we will not refill controlled substances.

ANCILLARY SERVICES - FORMS, LETTERS, REFERRALS, LABS

1. We need to see your child at an appointment for us to complete forms that are complicated (IHSS, FMLA, military, adoption, etc.) Please bring two copies of the form to the appointment, one blank and one you have completed as you see appropriate. You know your child best (for IHSS) or your career best (FMLA), and you may need to talk to your HR department BEFORE these forms are completed.
2. There is no charge for most commonly requested forms (ex. medications, most sports forms, most camp forms, school enrollment) if your child has had a physical within the past year. These may take up to 5 days for us to complete.
3. Letters on letterhead have an associated minimum $50 fee. We may charge more if a multiple page letter is being requested. These include but are not limited to: statement of medical necessity, prior authorization appeal letters, disability support, accommodation requests, and requests for expensive medical equipment.
4. Referrals will be processed within two weeks, although we aim for sooner than that. If a non-urgent referral is being requested, please contact us in two weeks if you haven't received a call about the next step.
5. We will let you know about the results of all labs or studies that WE order. We will also contact you if we are contacted about abnormal labs from elsewhere (hospital, ER, Newborn Screening Program). However, if you do not hear from us, please do not assume that "no news is good news". This is not our policy about lab tests with the few exceptions of Strep Cultures and STI testing.

(Initial) ____ Office Policies and Patient Responsibilities: I have read and agree to the above policies.
(Initial) ____ Privacy Notice of Acknowledgement: I have received Coastal Pediatrics' Privacy Notice.

Patient / Guardian Signature: _____ Date: _____