

# **Town Pediatrics**

**Patient Information  
for Families**



**TOWN PEDIATRICS, PC**

**INFANTS, CHILDREN &  
ADOLESCENTS**

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## **TOWN PEDIATRICS, PC**

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# **WELCOME TO OUR PRACTICE**

We look forward to providing your family with the finest of pediatric healthcare. Our philosophy is that we are here to serve you and your child with all your healthcare needs. We do this best by individualizing our care to you. You will find we actively encourage discussion of treatment options and invite questions of all kinds. The physician-patient relationship is of paramount importance to us and we look forward to developing a long and mutually satisfying one with you.

This manual is designed to share our basic philosophies on basic newborn care and to answer some frequently asked questions about how our practice operates.

## **HOSPITAL CARE**

If you deliver at Loudoun Hospital Center (LHC), one of us will be checking your baby and talking to you within a day of birth and regularly thereafter during your stay at the hospital. If you have any questions, let us know.

You can identify us as your pediatric group by notifying the labor and delivery nurse at the time of your registration.

## **NEWBORN CARE**

### **Jaundice**

This is a term that describes a yellowish color of the skin and sclera (whites) of the eyes.

In the first week of life, about 60% of term infants and even a higher number of premature infants may become jaundiced. It is due to the elevated bilirubin levels in the blood. The chemical bilirubin is a breakdown product of red blood cells,



excess cells that the infant does not need now that he/she is independent of his/her mother's circulation. The extra bilirubin is handled by the liver, but, since this organ is not up to full function in the first few days of life, the bilirubin may accumulate and make the infant appear yellow.

If there is no blood incompatibility between mother and infant (usually determined by blood typing and a Coombs test) and the newborn shows no evidence of infection or liver disease (uncommon), time and normal feedings will handle most cases of physiologic jaundice. Should the bilirubin rise to worrisome levels the physician usually orders the infant be placed under a special light to reduce the level of jaundice. If this occurs, you will note that the infant's eyes are patched to protect him/her from the constant light.

### **Blood Tests – Newborn Metabolic Screen (NMS)**

Prior to discharge, your infant will have a blood test done by heel stick. It checks for several different types of rare

inherited diseases, including PKU (a cause of mental retardation) and hypothyroidism (underactive thyroid). If this test is done prior to 24 hours of age it may not be completely accurate and will need to be repeated. Please obtain a collection slip from the hospital. Check with us for results at the two-week visit.

## **FEEDING**

Feeding is one of your baby's first pleasant experiences. At feeding time, the baby receives nourishment from his/her mother's love. The food, correctly taken, helps your baby to grow healthy and strong. Mother's love, generously given, helps your baby to feel secure. Help your baby to get both kinds of nourishment.

### **1. Technique**

Both of you should be comfortable. You should be calm and relaxed; your baby should be dry and comfortable. Whether breast feeding or bottle feeding, hold your baby comfortably close to your breast, with the baby sitting in your lap and his/

her head resting in the bend of your elbow.

## **2. Breast Feeding**

Provides the best nutrition for healthy babies with benefits including support of the immune system and allergy avoidance. There are many books and support groups on the subject. The more you know, the more comfortable you will feel. We can also recommend a lactation consultant at your request.

## **3. Bottle Feeding**

Your baby has a strong natural desire to suck. Sucking is part of the pleasure of feeding time. Babies will keep sucking on nipples even after they have collapsed, so take the nipple out of your baby's mouth occasionally to keep the nipple from collapsing. Hold the bottle so that the neck of the bottle and the nipple are always filled with formula. This helps your baby get formula instead of swallowing air. Air in the stomach may give a false sense of being full and make

your baby uncomfortable or enhance the spitting of formula when burped.

Never prop the bottle and leave the baby to feed him/herself. Feeding is a time for you and your baby to relax and enjoy each other. Your baby needs the security and pleasure of being held at feeding time. Allowing your baby to sleep with a bottle of milk or juice may lead to extensive dental decay.

Most babies will thrive on virtually any type of formula. Most commercial formula comes in powder, concentrated liquid or Ready-to-Use forms which vary in price as well as convenience. All provide equal strength formulas when USED ACCORDING TO DIRECTIONS. The use of the powdered or concentrated liquid preparations assures your baby of getting the necessary fluoride requirements, assuming the use of fluoridated water. Ask us about the need for fluoride supplements if you use private well water or bottled water. We recommend that the formula contain iron for your baby's ongoing requirements. Store the formula in the

refrigerator. Make up only one day's formula at a time.

After the first week of life it is not necessary to warm formulas, though most babies prefer it this way. The formula may be given directly from the refrigerator or at room temperature if acceptable to your baby. If warming the formula, do not use a microwave oven; this may cause either overheating and subsequent burns to your baby or explosion of the bottle in the oven. Carefully test the temperature of the formula prior to giving it to your baby.

If the bottle and nipples have been washed in hot soapy water and rinsed well, no sterilization is necessary. Those having a dishwasher need only run the bottles and nipples through the machine.

Water may be used directly from the tap and no boiling is required unless your home is serviced by private well water. If there is any question of the water quality, boiling water for 1 minute is recommended.

## **4. Schedule**

Feeding schedules are usually most satisfactory if the hours are not rigidly set and the baby is allowed to eat when he/she becomes hungry in the first few weeks of life. After this you and your baby are likely to develop a more predictable pattern with some flexibility required to accommodate changing needs with growth. New babies usually need to be fed about every 2 to 4 hours but may often go up to 5 hours between feedings. Should your baby consistently awaken and cry less than 2 hours after feeding, check with our office. As he/she gains in weight, your baby will require larger feedings with, hopefully, longer intervals between feedings.

## **5. Burping**

Burping your baby removes swallowed air. Even if fed properly, both bottle- and breast-fed babies usually swallow some air.

Hold your baby upright over your shoulder, pat or rub his/her back gently

until he/she burps. Two alternative methods are: a) place the baby face down over your lap rub his/her back; b) hold the baby in a sitting position, leaning slightly forward, with your hand supporting his/her chin pat the back until a burp occurs. Some babies require very frequent burping; this is particularly true of babies who tend to "gulp their food down" or who are "spitters." After you have fed and burped your baby, place him/her in bed on his/her back. If your baby tends to vomit milk, elevate the head of the mattress slightly since in this position the milk will naturally roll out of the mouth.

## **6. Solid Foods**

Most babies will require nothing more than either formula or breast milk for the first 4 to 6 months of life. Their nutritional and fluid requirements are fully met by these feedings. However, since the timing and selection of solid foods is an individualized decision, it will be discussed with you at the time of your baby's routine visits to the office. Some basic rules for solid feedings can be given here: a) solids should be given by spoon

only, never in a bottle; and b) new foods are to be introduced individually and slowly (a new food may be introduced every five to seven days).

## **7. Vitamins**

Most commercial formulas contain the necessary vitamins for your baby. For breast fed babies, supplementation with Vitamin D is recommended and available over the counter. Fluoride is not needed in babies less than 6 months.

## **8. Water**

Supplemental water is not recommended for either breast- or bottle-fed infants until the age of six months.

# **BABY CARE**

## **1. Bath**

Give soap and water sponge bath using mild soap, e.g., Dove©, Aveeno©, Johnson's©. After the navel has healed, the baby may be immersed in water. The face is usually washed with water only.



The hair and scalp may be shampooed using baby shampoo twice weekly. Daily baths are not necessary and can lead to dry skin; 2 to 3 times a week is sufficient.

## **2. Skin**

The skin of most infants is normally moist, and no special care is needed after bathing. Avoid oils, lotions, and powder unless prescribed. A fine peeling of the skin, especially on the hands and feet, is normal in the first few weeks. Rashes resembling acne are quite common on the face during the first few months and usually subside without treatment.

The diaper area should be gently cleaned with each change. Disposable towelettes can contain irritants and may cause diaper rashes. If rash occurs use plain water on cotton balls or disposable cloths in the first weeks of life.

## **3. Nails**

Fingernails grow quickly. They may be trimmed with blunt scissors or filed with an emery board or cover hands with socks.

#### **4. Eyes**

Tears keep the eyes clean. If crusting on the eyelids occurs, you may find it desirable to sponge them with warm water on a cotton ball, stroking gently from the inside corners outward. Do not try to force the eyes open to put the water inside. If a large amount of yellow or green drainage occurs from the eyes, or redness of the whites of the eyes occurs, call our office.

#### **5. Ears**

Clean only the area you can see. A Q-Tip© moistened in water can be used to clean the crevices. Do not push the cotton tip into the ear canal.

#### **6. Navel**

Recent studies have shown that the best care for the umbilical cord is no care. Other than keeping the cord clean and dry nothing special needs to be done. Typically, the stump falls off before the second week. No dressing is needed. If the skin around the navel becomes red, it

may be an indication that an infection is starting. At this time, you should contact our office. Occasionally, when the umbilical cord drops off, slight bleeding may occur. This is usually not serious and can be stopped readily by applying pressure to the navel with dry gauze. If the bleeding persists, you should notify us.

## **7. Circumcision**

Complete healing will take one week after the procedure. Sponge the area with water with each diaper change. A small amount of Vaseline© to the top of the penis should be applied to prevent its sticking to the diaper after the first 24 hours. Do not wrap gauze or any material around the penis.

For uncircumcised male infants, retraction of the foreskin is not recommended. Do not force the foreskin back over the tip of the penis. It may normally take 3 to 4 years before the foreskin is fully retractable.

## **8. Bowel Movements**

No two babies are alike. Bowel movements may vary in frequency, color (yellow, green, brown), and consistency. If the abdomen is not distended and the movement is soft, it is probably normal. Frequency may be from every feeding to every 3 days or more and still be normal for a baby's digestive system. It is normal for babies to appear to strain, draw their legs up, and get red in the face while having a bowel movement; this is not usually constipation. Under no circumstances should laxatives, suppositories, or enemas be used without a physician's advice. If the stools are excessively watery and frequent, you should notify us.

## **9. Sleep**

The baby should be placed on his/her back. Studies have raised concerns regarding a higher incidence of Sudden Infant Death Syndrome in babies sleeping on their stomach. It is safe for the baby to sleep on his/her back. There should not be

any pillows or toys with loose or stretchable parts on the bed.

Do not tie a pacifier, necklace or any other toy around your baby's neck. Babies should not sleep in bed with you. Though some parents find it more convenient to have newborns sleep in bassinets in the same room, there should be no concerns about their sleeping in their own room from the start; you will hear them when they need you.

## **10. Clothing**

Your baby requires as much clothing as an adult. Never overclothe or under clothe your baby; dress him/her according to the temperature. Keep the house temperature at a comfortable 68 to 74 degrees for the baby.

## **11. Automotive Safety**

Somewhere between the security of the hospital nursery and the loving home of his/her parents, your baby may encounter a serious threat to his/her young life if leaving the hospital on your lap in the

family car instead of in a safe restraint. What almost all of us forget is that no mother's arms can protect her young one from the tremendous force of even a 15-m.p.h. automobile accident. Motor vehicle accidents are a major cause of death in children from ages 1 to 4.

Even on the very first car ride, the drive home from the hospital, and visits to the office, friends, family, and stores, your baby should be transported in an effective safety carrier. It is a Virginia state law that all children under 8 years of age must ride in an approved safety seat.

Various models of infant and child safety seats exist. They can be obtained at most major stores that carry infant and child supplies. It is critical that all devices be used and installed according to the manufacturer's instructions. Installation in the center of the seat is safer than the sides, and the back seat is safer than the front. Never use an infant rear facing car seat in a seat with an air bag.

Further information can be obtained at: <http://www.nhtsa.dot.gov> and <http://www.safeseatva.org> or call the Virginia Center for Safety and Violence Prevention at 1-800-732-8333.

## **12. Safety**

- A car seat and seat belts are the best investment you will ever make for your child's long life and safety. The law now requires car seats or boosters for children 8 years and under. The National Safety Transportation Board recommends child safety restraints until eight years of age and 80 pounds AND over four feet nine inches tall.
- Always keep one hand on your baby when bathing him/her. Never leave him/her alone in the bath or in the pool. If the phone or doorbell interrupts his/her bath-disregard the call or take your baby with you or place him/her in a safe place.
- Check water temperature first. Turn down the maximum temperature of the hot water heater to 120 degrees.
- Keep safety pins closed, and small objects such as scissors, nail files, but-

tons, small toys, etc. away from his/her reach.

- Keep toys free from splinters, sharp edges, remove loose parts which may be swallowed.
- Keep baby away from hot stoves, radiators, pipes, open fires, cigarettes, irons, curling irons, and foods.
- Do not use soft heavy pillows which might interfere with breathing.
- Keep electric sockets covered and cords out of reach.
- Furniture and lamps should be placed so they cannot be pulled over on baby.
- Keep all medicines in a locked or high, out of reach place. The same is true for household poisons such as insecticides, cleaning agents, solvents, dishwasher soap. Always have the Poison Control Center phone number handy. Ask our front desk for a magnet with the phone number.

## **MEDICAL SUPERVISION**



To ensure good health care, we suggest regular periodic "checkups." Your child's growth, development, and feedings will be discussed. You will receive anticipatory guidance for the subsequent interval of time. During the first year, we advise examinations at a minimum of two weeks, 2 months, 4 months, 6 months, 9 months, and one year. Immunizations are very important; they help protect your baby from hepatitis, diphtheria, whooping cough, tetanus, polio, measles, mumps, German measles, and certain types of meningitis. Your baby will receive these immunizations at the time of the regular checkups. We follow AAP Bright Futures periodicity schedule for recommended screening and lab work. We will discuss with you the benefits and risks of any procedure or medication recommended at these checkups.

## **INFORMATION**

To help you with any other problems you may have about your infant, or questions about his/her development, here are a few recommended sources:

*Your Baby's First Year* – (The American Academy of Pediatrics) – Steven Shelov, M.D.

*Caring for Your Baby and Young Child: Birth to Age 5* - (The American Academy of Pediatrics Manual) - Steven Shelov & Robert Hannemann.

*Your Child's Health* - by Barton Schmitt

*Your Baby and Child from Birth to Age 5* - by Penelope Leach.

*The First Twelve Months of Life* - Frank Caplan, Grossett & Dunlop, Publishers.

*Infants and Children* - by T. Berry Brazelton, M.D.

*What to Expect in The First Year... Toddler Years* - Eisenberg, Murkoft, Hathaway.

## **IMMUNIZATIONS**

Town Pediatrics, PC follows the current guidelines for the American Academy of Pediatrics and requires all patients in our practice to be fully immunized by 2 years of age. It is recommended that vaccines be started by 2 months of age. Please check with the office for current schedules.

## **SIGNS OF ILLNESS**

Refer to our website [www.townpeds.com](http://www.townpeds.com).

## **FEVER**

Fever is the body's normal response to infection. By itself fever is not harmful until it reaches 106° or 107 °. Generally, the body cannot reach a temperature this high without unfavorable environmental conditions such as being left in a hot car in the summer. How sick your child looks are much more important than how high the fever is.

Fever is an oral or rectal temperature over 101°. If the temperature is between 100 - 101 degrees, recheck the temperature again

1 hour later before calling it a fever and giving medication. Mild fevers can be caused by too much clothing, recent exercise or a hot environment. Oral temperatures can be raised by eating warm foods within half an hour.

The following recommendations are our guidelines for determining that your child needs immediate care because of a fever:

- Less than 2 months of age
- Constant crying
- Temperature more than 105° at any age
- Accompanied by a stiff neck or bruise-like rash
- Difficulty in arousing (can't wake from sleep)
- Difficulty breathing (labored breathing not due to a stuffy nose).

If your child's fever is high, they will usually breathe faster and shallower than usual. As long as their color is normal (pink rather than pale, blue or mottled), you can give them medicine for the fever and observe for improvement over the next hour. Typically, you can expect

that the temperature will come down 1 or 2 degrees and that the breathing will appear more normal in this period of time.

- Dysuria (frequent or painful urination)

Guidelines for making a scheduled appointment in the next 16 hours are:

- Age 2 to 6 months with fever
- Duration more than 72 hours at any age
- Fever gone for 24 hours, then recurs
- Fever for 24 hours without other symptoms

## **TEMPERATURE TAKING**

It is not necessary to routinely take your baby's temperature; it should be done if he/she is showing signs of illness or feels unusually warm. Rectal temperatures are preferred and are always more accurate than axillary temperatures. Lubricate the tip of the thermometer with Vaseline<sup>o</sup> or KY Jelly<sup>o</sup> and insert it approximately one inch into the rectum. Hold it gently in place for 2 to 3 minutes (or until it alarms) with the baby well secured and then remove and read the thermometer.

## **COMMONLY USED ITEMS**

- Rectal thermometer.
- Bulb syringe with blunt plastic tip, to be used to remove mucus from the nose.
- Cool-mist vaporizer.
- Vaseline© petroleum jelly.
- Diaper rash ointment, e.g., Desitin©, A & D© Ointment.
- Acetaminophen drops, e.g. Tylenol©.
- Saltwater nose drops, e.g. Ayr© or mixed yourself with 1/4 teaspoon of salt added to four (4) ounces of distilled water.

**TREATMENT:** The main reason for treating fevers is to make your child as comfortable as possible.

### **1. Fever medications.**

(Acetaminophen, Ibuprofen). Use as per manufacturer's instructions for temperatures more than 101°. Generally, unless the doctor has recommended something different, it is better to use one medication or the other rather than alternating. Don't expect to get the

temperature lower than 101° if it was a higher temperature. You do not need to wake your child up at night for medication, unless there is a history of febrile seizures and they are less than 5 years of age.

## **2. Sponging.**

If your child's temperature is more than 104° one hour after giving fever medication, you may sponge him/her in a tub of lukewarm water. **DO NOT USE ALCOHOL or COLD WATER.** If your child begins shivering, remove from the water. Alternatively, you can use a cool washcloth on the forehead.

Clothing should be kept to a minimum. Use only a light blanket.

## **3. Fluids.**

Encourage lots of fluids. Bodily fluids are lost during fevers because of sweating.

# **OFFICE POLICIES AND PROCEDURES**

This portion of the manual is designed to acquaint you with our office procedures. In order to accommodate the needs of all of our patients we have established certain policies to make our treatment of everyone fair and equal. Please keep a copy of this information handy for later reference.

## **1. Office Hours:**

9:00 A.M. - 5:00 P.M., Monday - Friday. Some early morning and later evening appointments may be available during certain seasons.

Walk-In Clinic is offered **Monday - Friday** 8:00 am - 9:00 am for established patients with an acute, urgent illness. If your child is having a chronic illness (longer than one week) or needs follow-up or recheck, than please schedule an appointment. If overcrowding occurs, we may need to schedule an appointment for later in the day.

Saturday hours by same day call-in appointment starting at 9:00 A.M. for sick visits only. Please note **Saturday appointments may not be prescheduled.**



Nurse appointments are required for any immunizations not given during a check-up.

## **2. Appointments:**

All patients will be seen by appointment. Calls to schedule sick visits are best made in the morning. Calls to schedule well visits are more easily made in the afternoon, this is especially true on Monday mornings when the phones are very busy. Please complete your portal forms prior to your visit or arrive 15 minutes early to do them here. Should you find it necessary to break an appointment, please call and reschedule. Failure to cancel your advance scheduled appointments at least 24 hours prior to the appointment will result in a \$50 charge per child for well child appointments and consults and \$25 charge for other office visits. As a courtesy we call the day before to remind you of any advance scheduled appointments; however, if we are unable to reach you by phone for any reason, we will not be responsible for providing this reminder.

## **Late Arrivals:**

Please arrive for your appointment on time or early if you have special needs or are coming to see us for the first time. If you do not complete forms on the portal before your appointment, we request you arrive 15 minutes prior to your appointment to complete them in the office. Understand that we do our best to stay on schedule and if you are late this affects everyone scheduled after you. We reserve the right to ask you to reschedule your appointment if you arrive more than 30 minutes late for a sick appointment or 15 minutes late for a well visit or patient conference.

## **Walk-ins:**

Walk-In Clinic is offered **Monday - Friday** 8:00 am- 9:00 am for established patients with an acute, urgent illness. If your child is having a chronic illness (longer than one week) or needs follow-up or recheck, than please schedule an appointment. If overcrowding occurs, we may need to schedule an appointment for later in the day.

Please note: If Loudoun County schools are delayed or closed for Inclement Weather, our walk-in clinic will be cancelled that day.

### **Sibling Appointments:**

For check up appointments and sick visits, siblings are scheduled in consecutive time slots. We ask that you do not ask a physician to see a sick sibling who does not have an appointment as this causes the physicians to get behind on their scheduled appointments. If you wish to have a sibling seen, you will be given the next available appointment and must wait to be seen.

### **Parental Consent:**

When you cannot accompany your child for treatment of an illness or when the child has a check up, we will need to contact you for consent to examine, authorization for treatment and immunization. Consent forms can be printed from our website at [townpeds.com](http://townpeds.com) under “Patient Resources” tab, “Forms,” “Medical Authorization Form.”

## **Routine Check Ups:**

Town Pediatrics, PC encourages periodic routine health maintenance visits. These give us an opportunity to review your child's interim history; physical, social, and cognitive development; and general health. In accordance with the American Academy of Pediatrics' Bright Futures Guidelines, we recommend checkups at the following intervals:

- Newborn approximately 2 days after discharge or upon the physician's instruction
- 2 weeks
- 1, 2, 4, 6, 9, 12, 15, and 18 months
- 2, 2.5, 3, 4, 5 years
- Yearly thereafter.

Yearly sports physicals should be scheduled well in advance of the due date for the form. School sports in Loudoun County require that physicals be done after May 1 for the upcoming school year.

## **3. Allergies and Medications:**

At your office visit, please let the nurse know before being seen by the physician if your child has any known medical allergies or is taking any regular medications (including prescription, over the counter, herbal remedies, vitamins or other nutritional supplements).

#### **4. Specific Doctor:**

We suggest you meet all the physicians in our group. We encourage patients to select a Primary Care physician within our group who will be the main point of contact. Follow-up visits for the same illness can best be handled by the original physician treating your child. However, if you are coming in for a same day or more urgent appointment you will see a physician available on that day.

#### **5. On-Call Doctor:**

There is an on-call doctor available evenings, nights, weekends, and holidays for emergencies. If the on-call physician does not return your call within 20 minutes, call again. Many times, wrong

numbers are given or other circumstances may have confused routing of your original call. Routine billing fees will apply for Telephone Care, however there is no fee for babies under 3 months old. Your insurance company may or may not cover this fee; it is often the patient responsibility. Please check with your insurance for coverage policies. **Routine or non-urgent concerns should be reserved for the regular office hours.**

Once you have called, please leave your phone line open so we can reach you. Always have a pencil and paper when you call and the following information ready:

- Your name and phone number where you can be reached.
- Child's name (first and last), date of birth and age.
- Child's problem/illness, symptoms and you're child's temperature.
- Any special issues such as a heart defect, seizures, etc.
- Treatment and response thus far.
- Your pharmacy phone number in case we have to call in a prescription.

## **6. Negative Test Results:**

Our policy regarding **routine** laboratory test results (e.g., urinalysis done with annual check-up, throat cultures done after a negative quick strep test) is that the parent will be notified only if the tests are **abnormal**.

## **7. Inclement Weather:**

We will update our phone message and notify scheduled patients if the office will be closing or opening late. The Walk-In Clinics will be cancelled if Loudoun County schools are delayed or closed.

## **8. Fees, Billing, and Insurance:**

Information regarding our fee schedule is available in the office or by telephone. Because of the work involved and the high cost of monthly billing, payment at the time of service is requested. **If your insurance plan has a copay, we will**

**collect that payment on the day of service. If your plan has a deductible or coinsurance, we will bill you after the claim has been processed.** You can make payment by cash, check, money order, or credit card. VISA©, MasterCard©, and Discover© are accepted for your convenience. There is a \$50.00 fee for returned checks.

Insurance forms are the responsibility of the patient unless we participate with your plan. Receipts with full information for the insurance companies and for tax records are given with each visit at the patient's request. Please keep these receipts since they are also your itemizations for supplemental and major medical policies. If we are not a participating provider for your insurance, services should be paid for at the time of your visit and reimbursement will be made directly to you by the carrier.

If we are a participating provider and you plan on having us file with the insurance company directly, we must have current and up to date information regarding your insurance policy within



30 days of your visit in order to file claims. Otherwise, you will be responsible **for payment in full** of the charges for that day. If there are any questions regarding insurance, we will be glad to give you assistance during regular office hours.

**Patient Balance Due:** Upon payment from your insurance plan, any balance that is due is to be paid upon receipt of the statement. If your unpaid balance is beyond 90 days, your account may be turned over to a collection agency, unless a previous financial payment plan has been established with our office, and we may terminate your patient relationship with the practice.

## **9. Referral Process:**

If your insurance company requires a referral, please be advised we need three (3) business days notice to complete a referral form for an appointment or diagnostic testing.

We are happy to provide you with names of specialists that we recommend but remind you it is your responsibility to ask whether that particular specialist participates with your health care plan. We do not have a way of staying current with which plans a particular specialist participates with.

Once you have selected a specialist, you should call our office with the time and date of the appointment and the name of the doctor you will be seeing. **DO NOT GO TO THE SPECIALIST'S OFFICE OR DIAGNOSTIC TESTING CENTER WITHOUT A REFERRAL OR AUTHORIZATION.** It is the parent's responsibility to return to our office to pick up the original referral form before going to that appointment.

If you go to see a specialist or get a diagnostic test without a referral, you may be asked to reschedule your appointment, or you will be responsible for any payments not authorized by your insurance carrier.

*If your insurance company does not require a referral, please request that the doctor or specialist you are seeing sends a copy of their findings to us. This provides better continuity of your child's care.*

## **10. Emergency Referrals:**

If you are out of town and your child requires emergency medical treatment, you do not need to call our office to get a referral. Please refer to your insurance handbook to review the section on out-of-area network emergency visits.

If it is a weekend or holiday and you or the doctor determine your child needs to be seen urgently, please call our office on the next business day to notify the office staff who can contact your insurance carrier for authorization of the emergency visit which occurred.

## **11. Prescription Renewals:**

All prescription refills (except for controlled substances) will require 48 hours notice. **An E-prescription refill request or fax must be sent to us from**

**your pharmacy.** If you've changed pharmacies after filling the original prescription you must still have the original pharmacy fax us a refill request. Please notify our office that you are switching pharmacies, the name and number for the new pharmacy, patient name, DOB, medication, original fill date and name of the prescribing doctor. We cannot refill medications ordered by another doctor outside our practice.

### **Controlled Substance Refills:**

Requests for these prescription refills require **3 business days notice.** These prescriptions must be picked up in person.

### **Calling in prescriptions:**

If we send in a prescription based on a phone request by you, please allow at least 4 hours for us to notify the pharmacy of the order. You should call the pharmacy before leaving your house to be sure they have the request as sometimes

the doctor cannot address these requests until the end of the day.

## **12. Form Fees:**

There is a \$10 form fee for all physical exam, college entry, or camp forms requiring completion by a physician. This processing fee will be charged for each individual form. As a courtesy to you, this fee will be waived if you bring in your forms at the time of the physical examination. Other forms will be charged for at the discretion of the physician.

Requests for form completion require a turnover period of 5 business days *with the exception of Virginia state school or sports forms brought in at the time of the physical exam—these are completed at the time of the visit.* **We do not mail forms** unless you provide a self-addressed and stamped envelope.

## **13. School Medication Forms:**

Please request these at the time of your visit if your child must take the

medication during the school/workday. If you are phoning in your request, please inform the staff member of the name and strength of the medication, dosing instructions, length of time that the prescription is to be given and the reason for its use.

#### **14. Medical Records:**

Due to **HIPPA** regulations if you need us to fax complimentary records, a school medication form or school excuse note, we assume by your verbal or written request that you are waiving your right to privacy regarding this information. We are not able to fax the whole medical record.

#### **15. Transfer of Medical Records:**

We will provide copies of patient records once we receive a signed request form from the parent or guardian. Your request will be completed within 15 days. A complete record on CD is \$10 fee or \$20 fee if patient has a paper chart. The cost of records copied to paper is a \$10

administration fee per chart plus \$0.50 per page ;( maximum cost \$50.00 per child). You can come to the office to pick up the records or provide payment in advance if you would like them mailed to you.

*A copy of your child's Immunization Record will be provided free of charge at your request.*