

# **BROWNSBORO PARK PEDIATRICS**

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**Welcome to Brownsboro Park Pediatrics! We are pleased that you have chosen our group of providers for your family's healthcare needs.**

Due to the complicated nature of the many insurance companies and the number of extended families we encounter, it is necessary that we make you well aware of our policies. **PLEASE REVIEW THIS AGREEMENT CAREFULLY AND RETURN TO THE RECEPTIONIST**, as it will become a permanent part of your records.

We see patients by appointment only. We require a 2 hour cancellation notice. Without proper notice your account may be assessed a charge ranging from \$25-\$50 depending on the type of appointment missed. If you are late for your appointment, the doctor will determine if there is enough time to provide you with quality care. If not, we will ask you to reschedule your appointment to a later time.

We will ask you to complete your initial registration at your first appointment and update that information yearly. We recognize the "Responsible Party" to be the parent/legal guardian --- regardless of who the insured might be. If one party is solely responsible financially, we **MUST** have court documentation stating who is responsible for medical expenses.

**We require a copy of your insurance card in order to file claims on your behalf.** If your insurance requires you to choose a primary care physician, please do so immediately. If we are not a participating provider with your insurance, you may be asked to pay at time of service. We require all copays to be paid at the time of service.

**Please note: if you are seen for a well exam and other issues are addressed, your insurance company may require additional copay or apply part of your visit towards your deductible.**

**What's included in a well visit/checkup:**

- Measure height, weight, head circumference, blood pressure, and BMI (depending on age),
- Thorough check of body parts and systems
- Discuss age related anticipatory guidance and safety issues

- Discuss age appropriate nutrition
- Discuss growth and development
- Discuss schooling/daycare
- Educate and administer any appropriate vaccines
- Fill out forms for school/sports
- Refill medications

Other concerns that are more complicated and involve more time such a chronic headaches, stomach pains, wheezing, psychological/school problems, or other medical issues usually requires additional coding. Your insurance may require copay or apply part of the visit towards your deductible. **It is the parent’s responsibility to know what is covered by your insurance.**

If your insurance decides that you owe any part of the visit, your will receive a bill during regular monthly statement cycle. If you don’t agree with the charges, please contact your insurance company.

**It may be necessary to terminate your account under the following circumstances:**

1. Repeat “No Call –No Show”
2. Repeat non-sufficient funds payments
3. Repeat failure to pay copay
4. Failure to maintain adequate, regular payments on account

If your child will be receiving allergy injections in our office, please ask the receptionist for our shot hours and policies.

**There is a \$35 service charge for all returned checks.**

We encourage you to keep all receipts and copies of visits for tax purposes.

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I understand and agree to the policies contained in this document

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

\_\_\_\_\_  
Today’s Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Child (ren) Name (s)