



pediatric healthcare associates

of Shreveport

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Welcome to our clinic and thank you for choosing our doctors. It is our hope to provide you with the best care possible. In order to help you understand our office policies, we are providing you with the following information.

PAYMENT / INSURANCE POLICY

WK Pediatric Healthcare Associates participates in many insurance plans. **Patients are required to furnish proof of insurance at the time of service. Co-payment for HMO's, PPO's and other managed care plans must be paid at the time of service.** Billing patients for their co-pays is a violation of many managed care contracts and will not be allowed. **Co-payments will be collected at check-in before the physician sees the patient.** If the patient does not have the co-pay at the time of the visit, the patient may reschedule the appointment in order to meet the co-pay requirement.

The patient's annual deductible amounts, coinsurance amount or charges that are not covered by insurance will be the obligation of the patient and due at the time of the visit. If the patient has met his/her deductible for the current year and can verify this with an Explanation of Benefits from the insurance carrier, only the coinsurance and non-covered charges will be due at the time of the visit.

The office is not accepting new Medicaid patients at this time. The office does not file Medicaid as a secondary insurance.

NEWBORN PATIENTS

You have only 30 days to add your baby to your insurance plan. If you do not all newborn care will not be covered by your insurance company.

PARENTS WITH PPO, HMO, AND OTHER CO-PAY PLANS:

If you do not have proof of coverage, you will be responsible for the total amount charged. Once you obtain insurance for your newborn, we will be glad to go back and file any office visits within 90 days of service that you have paid for previously. Insurance will not allow filing of charges that are more than 90 days old.

TELEPHONE POLICY

Telephone calls received in the AM will be returned before lunch hours. If you have not received a return call by 2 PM, please call back. Telephone calls received in the PM will be returned before the office closes. If you think your child may need to be seen on the day that you call, please go ahead and make an appointment.



AFTER HOURS TELEPHONE CALLS

If you think your child has a life or health threatening emergency, please call 911 or proceed to the nearest hospital emergency room. After hours telephone calls should be limited to acute illness only. Do not call after office hours for: referrals, medicine refills or appointments.

APPOINTMENTS

The office sees patients by appointment only. Walk-ins are discouraged. If your child has a true emergency, then call 911. If your child needs urgent care, please call and we will advise you so your child will get the appropriate care within a reasonable time.

REFERRALS

Referrals must be pre-approved by the physician and a 48-hour notice should be given unless it is a life or health threatening emergency that requires the emergency room.

DOCUMENTS REQUIRING PHYSICIAN SIGNATURE

Documents such as family leave forms, disability forms and / or health insurance forms will require payment of \$20.00 when they are dropped off. Please give us 24 hours to have this completed.

MEDICAL RECORDS

Transfer of all medical records requires written consent. Please allow 48 hours' notice for these to be copied. Payment is required for copies of records unless sent to another physician's office.

NO SHOW POLICY

As our schedules are very busy, patients that have recurrent **NO SHOW** appointments could be discharged from our practice.

My signature below verifies that I have read and understand the policies out-lined above.

Patient Name (Printed)

Date / Time

Signature of Guarantor or Patient (if over 18)

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