



Practice Policies

We consider it a privilege to render Pediatric medical care to your child(ren). We understand that you are our customer and we thank you for choosing our practice for your child(ren)'s pediatric medical needs.

It is the policy of Savannah Pediatrics, PC to treat you, our patients, their parents, and other visitors to our practice with courtesy, compassion, and respect. In return, we expect the same level of courtesy, respect, and cooperation from you.

We consider it an honor to provide services to you but we may refuse to work with you if you are uncooperative, abusive or disrespectful towards our staff or physicians, use profanity, fail to keep your appointments, or are consistently late for appointments.

We expect you to provide and/or update all the information we require to treat your child(ren) at EACH visit. This includes your current address, home, work and cell phone numbers, employment information and emergency contact information. If you are unwilling to or refuse to furnish us with this necessary information, we reserve the right to refuse to see your child(ren) and to dismiss you from our practice.

It is your RESPONSIBILITY to bring your insurance card to EACH visit, to make sure your coverage is in effect and to know WHAT is covered by your plan. Our staff will assist you with coverage questions as a courtesy, but WE are not responsible if there is a problem with YOUR insurance coverage. YOU must take care of those issues BEFORE treatment is rendered.



We reserve the right to dismiss you from our practice if you breach our **Practice Rules**. These include:

- 1. No cell phone use is allowed in our office. In order to provide you with the best treatment, we must have your undivided attention.**
- 2. No profanity or abusive language is allowed anywhere in our office or during phone conversations with staff members.**
- 3. We expect you to treat your children (our patients) with kindness and respect in our office, the same way we will always treat them.**
- 4. If you miss two (2) or more appointments or are late for two (2) or more appointments without giving us proper notice, you are subject to dismissal.**
- 5. We expect you to present your current Insurance / WellCare / Medicaid card to us at EACH visit so that we may verify your coverage.**
- 6. We expect you to provide and/or update your current address, contact phone numbers and employment information at EACH visit.**
- 7. We expect you to pay your co pay and any outstanding balances (if applicable) at EACH visit.**
- 8. We expect you to respect the privacy and comfort of every visitor in our waiting rooms and treatment areas. This means no loud conversations, no food or drinks, and all children should behave appropriately and have adequate supervision.**

Again, we thank you for choosing Savannah Pediatrics and look forward to working WITH you to serve your child(ren)'s pediatric medical needs.

The Physicians and Staff of Savannah Pediatrics, PC