

Northport Pediatric & Adolescent Medicine  
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We at Northport Pediatrics are committed to providing you with the best care possible. This goal is best achieved if everyone is aware of our office policies. Your clear understanding of the office policy agreement is important in our professional relationship.

### **Appointments**

- 1) We value the time we have set aside to see and treat your child. If you are not able to keep an appointment, we would appreciate advanced notice.
- 2) If you are late for your appointment (>10 minutes), we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your physical appointment.
- 3) We strive to minimize any wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.
- 4) Before making an annual physical appointment, check with your insurance company to see if it's every 365 days or by calendar year.

### **Insurance Plans**

- 1) It is your responsibility to keep us updated with your correct insurance information. If the insurance company you designate is incorrect, you will be responsible for payment of the visit and to submit the charges to the correct plan for reimbursement.
- 2) If we are your primary care physician, make sure our name or phone number appears on your card. If your insurance company has not yet been informed that we are your primary care physician, you may be financially responsible for your current visit.
- 3) It is your responsibility to understand your benefit plan with regard to, for instance, covered services and participating laboratories.
- 4) It is your responsibility to know if a written referral or authorization is required to see specialists, whether preauthorization is required prior to a procedure, and what services are covered.

### **Financial Responsibility**

- 1) According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances.
- 2) While the filing of insurance claims is a courtesy that we extend our patients, all charges not covered by your insurance company are your responsibility.
- 3) Co-payments are due at the time of service.
- 4) Self-pay patients are expected to pay for services in full at the time of the visit.
- 5) Many insurance plans have large deductibles. Charges that pass to patient responsibility are the rates we have contracted with the insurance companies. It is not allowable for us to lower these fees.
- 6) If we do not participate in your insurance plan, payment in full is expected from you at the time of your visit.
- 7) For scheduled appointments, prior balances should be paid prior to the visit.
- 8) We accept cash, checks, Visa, American Express, and MasterCard credit and debit.
- 9) A \$50 fee will be charged for any checks returned for insufficient funds.
- 10) Please call if you have a question about your bill. Most problems can be settled quickly and easily, and your call will prevent any misunderstandings. Satisfactory arrangements can almost always be made.

We believe financial considerations should never prevent children from receiving the care they need at the time they need it.

11) All new patients are required to keep a credit card on file.

12) All patients are highly encouraged to keep a credit card on file.

**Forms**

1) There is no charge for a school and camp form given at the time of your child's visit. This is considered part of the visit.

a) There may be occasions where your camp form is very in depth and we will need more time to fill out the form and will discuss it with you at your visit.

2) We require a 5 business day turnaround time for these forms if brought outside of a visit. As a special service, if necessary for the form to be done within the day the fee is \$15, and for the routine turnaround time of 5 business days there is no charge.

**Transfer of Records**

1) If you transfer to another physician, we will provide a copy of your immunization record right then and there as a courtesy to you. We require at least 5 business days to get all of your records ready to be sent.

2) We can not send any information to your new doctor without a signed record release. This release form can be found on our website, in office or if needed we can email you a blank form.

**Prescription Refills**

1) For monthly medication refills, we require 48 hours' notice, during regular business hours. Please plan accordingly.

2) Some prescriptions will require an office visit for it to be renewed.

**Harassment**

1) This is a private practice where we strive to create a pleasant environment for all patients and staff. We understand that there are times when patients may be frustrated and we will make every attempt to assist you. However, this practice will not tolerate physical abuse, verbal abuse, or harassment of any kind, under any circumstance. Abuse or harassment in any form is grounds for immediate discharge of the entire family from the practice

Patient Name(s) \_\_\_\_\_

Responsible Party Member's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Responsible Party Member's Signature \_\_\_\_\_ Date \_\_\_\_\_