



PEDIATRIC EPILEPSY & NEUROLOGY SPECIALISTS

Patient Name _____ Date of Birth: _____

Office Policies

We appreciate the trust you have placed in Pediatric Epilepsy and Neurology Specialists (PENS) by allowing us to provide child neurology, developmental and behavioral services for your child. We strive to provide the highest standard of care for our patients and their families. If you have any questions or concerns regarding the services provided during your child's visit or the communication with our STAFF, please contact our office administrator, Dr. Felicia Ferreira.

1. FINANCIAL POLICY

- a. All co-pays and/or patient account balances must be paid at the time of the visit. **For developmental and behavioral services, the full balance for the visit must be paid at the time of service.**
- b. Please make sure that you request a **referral and/or authorization** from your child's Primary Care Provider at least **5 business days prior to your appointment** in our office. You must bring the referral and/or authorization at the time of the visit or fax it prior to the appointment to 813-875-9722.
- c. A **\$50.00** fee may be assessed for any forms or formal letters that require completion by our office staff. We require 7-10 Business days to complete these requests. Any fees associated with these documents must be paid prior to the release of the form.

2. PHONE CALLS, MESSAGES AND PRESCRIPTIONS POLICY

- a. Urgent messages will be returned within 24-48 hours. Non-urgent messages will be returned within 48-72 hours, usually at the end of the day.
- b. It is the patient's responsibility to update our staff of any changes in your telephone numbers, address and/or insurance information.
- c. Prescription refills may be requested by e-mail at refills@pensoftampabay.com or by calling the main number and selecting the option for prescription refills.

3. APPOINTMENT POLICY

- a. Unless otherwise specified, the patient must be present at every visit.
- b. Every patient seen in our office must have an appointment. **WE DO NOT ACCEPT WALK-INS. IF YOU FEEL THAT YOUR CHILD HAS AN EMERGENCY CALL 911 OR GO THE NEAREST EMERGENCY ROOM IMMEDIATELY.**
- c. Due to the complexity of most of our patients' medical needs, any patient who NO SHOWS for two or more appointments or who refuses to follow our providers medical recommendations will be discharged from the practice and may not schedule any further appointments.

4. TERMINATION OF SERVICES POLICY

- a. We reserve the right to terminate our relationship with anyone who is disrespectful or abusive to our staff.
- b. If there is a disagreement between legal guardians/caregivers regarding testing procedures and/or treatment recommendations suggested by our providers that cannot be resolved, we will be unable to provide further medical care.

Legal Guardian Signature _____ Date _____

Relationship _____

Witness _____ Date _____