

# PEDIATRIC GROUP, LLC

## OFFICE POLICIES

**WELCOME!** Thank you for choosing Pediatric Group, LLC for your child's pediatric care. When you visit our office, your child's health needs are our top priority. The information that follows is designed to answer questions many patients have. We want you to know about our policies and methods of practice. The more you know, the more we can be of service to you! If you have any additional questions, please do not hesitate to ask.

### **Practitioners:**

Pradeep G. Reddy M.D. Medical Director  
Bindu Reddy, M.D.  
Jeremy Gerwe, M.D.  
Ronald Chediak, M.D.  
Ahmed Youssef, M.D.  
Linda Schilsky, M.D.

Annie Imboden, MSN-CPNP  
Certified Lactation Counselor  
Kathy Herren, PA-C  
Certified Lactation Counselor  
Leanne H. DeNeal, PA -C  
Angela Henson, PA -C  
Sarah Ford, CNNP  
Michelle Wharton-CFNP  
Ashley May-CFNP  
Jayda Kosydor, CPNP  
Gina Gladson, CFNP

### **Locations:** Our office locations are:

\*3412 Office Park Drive  
**Marion, IL 62959**  
\*28 Veteran's Drive,  
**Harrisburg, IL 62946**  
\*310 West St. Louis Street,  
**West Frankfort, IL 62896**  
\*900 E. Walnut Street, Suite 6  
**Carbondale, IL 62901**  
\*1007 S. 42<sup>nd</sup> St., Suite 1  
**Mt. Vernon, IL 62864**

**Phone:** 618-993-0404.

**Fax:** 618-993-1717

**Website:** [www.pediatricgroupllc.com](http://www.pediatricgroupllc.com)

### **Office Hours:**

**Marion location:** Mon & Fri 9:00-7:00, Tues-Thurs 9:00 – 5:00, Sat 9:00-12:00.

**Harrisburg location:** Monday-Friday 9:00 -5:00

**West Frankfort location:** Monday- Friday 9:00-5:00

**Carbondale location:** Monday - Friday 9:00-5:00

**Mt. Vernon location:** Monday-Friday 9:00-5:00

**After Hours:** If your child has an emergency, please call 911 or go to your nearest emergency room. If your child has an urgent matter that needs to be addressed after normal business hours, you may reach our on-call service by dialing 618-993-0404 and holding to be transferred to the nurse on call. Please do not call the service to make an appointment or for medication refills as this will prevent patients with urgent matters from getting through.

**Appointments:** Office hours are by appointment only. In scheduling appointments, it is our intent to see your child as soon as possible. Our staff and physicians will make every effort to accommodate urgent add on requests. We recognize that children become sick very quickly and understand that when your child is sick, you want them seen. Please call our office as early in the day as possible to ensure availability for an appointment. We will make every effort to see your child on time at your scheduled visit. Individuals arriving early for their appointments may not be taken until the scheduled time, to avoid delaying other patients unnecessarily.

**Cancellations:** We reserve your child's appointment exclusively for them. If you cannot keep an appointment, please notify us immediately. We would request 24 hours notice for rescheduling and/or cancellations of an appointment so that another patient may be able to utilize that slot. **A reminder letter and a \$15 fee will be sent to the patient after 2 no shows.** After three no shows in a 12-month period, a discharge letter will be sent. We do our best to make sure you are reminded of your child's

appointment. If we do not have your correct phone number, a reminder call cannot be made. If you are more than 15 minutes late for your appointment and did not call to make arrangements, you may be asked to reschedule.

**Telephone Calls:** All parents/guardians are encouraged to call with any questions concerning your child's care. However, it would be most unfair to our patients if the Provider were to stop and answer every telephone call. Our nurses are well qualified to answer most questions. If the call requires the Provider to speak with you, please be assured they will return your call at their earliest opportunity. Messages left for the nurses before noon, will be returned by 1:30 p.m. Messages left after noon, will be returned by 5:30 p.m. If your message is urgent, please inform the receptionist.

**Insurance Cards:** You must bring a current copy of your insurance card to every appointment. This includes Illinois medical cards. Please present your card to the receptionist upon arrival. We will need to make a copy of your current card.

**Patient Identification:** For your protection and security and *per the government Red Flag Rules*, a photo identification of the parent will be requested at the time of treatment.

**Patient Information:** It is important that we maintain current and accurate records on your child's behalf. Upon registration for each visit at our office, you will be asked if there have been any changes in your address, telephone number, and insurance coverage. It is your responsibility to ensure updates are provided.

**Medical Records:** If your child has received vaccinations at another location, it is your responsibility to provide those records so that your child's chart can be updated. If you need a copy of your child's records, a records release must be signed by the parent/guardian. Those records will be provided within two weeks. We reserve the right to charge for multiple copies.

**Courteousness:** Our office staff will always treat you and your child with respect and courtesy. Rudeness to our office staff will not be tolerated and will result in discharge from the practice. If you have issues with any of our office staff, please contact the office manager, Rhonda Fisher.

**Fees and Payments:** We will file your medical insurance forms free of charge. Please take the time to review your policy coverage. You are responsible for your child's account, whether or not your insurance pays benefits. Please **review your policy**. We cannot file claims to your insurance without a current insurance card.

The parent/guardian bringing the child to their appointment is responsible for the account unless arrangements are made in advance of the appointment. Accounts must be paid in full within 30 days of the receipt of your statement. If you need to make payment arrangements on an outstanding balance, arrangements must be made within 30 days of the receipt of your statement. If arrangements are not made and kept current, your account will be referred for collections. We cannot extend credit beyond 6 months.

**Co-Pays:**

Your co-pay is due at the time of service-unless prior arrangements are made. Please pay your co-pay to the receptionist prior to being seen by the provider.

**THANK YOU FOR CHOOSING  
PEDIATRIC GROUP, LLC FOR YOUR  
CHILDS' MEDICAL HOME!**