

**Columbia Child Neurology Associates  
Patient Policies and Procedures**

Columbia Child Neurology Associates comprises members of the faculty of the Division of Pediatric Neurology of the Neurological Institute of New York and Columbia University College of Physicians and Surgeons. Our physicians and staff are dedicated to providing your child with the best care possible. Please assist us to provide such care by reviewing the following policies and procedures, and by signing the document to indicate your agreement to these terms.

**Cancellations:** We require notification one business day in advance of your visit. We charge a \$25.00 administrative fee if you fail to notify us that you will not be attending the appointment.

**Punctuality:** Please make every effort to arrive 15 minutes before the scheduled visit to complete paperwork. We cannot guarantee to accommodate patients who arrive more than 15 minutes late.

**Prescriptions:** We do not phone prescriptions to pharmacies. Please request prescriptions or refills during your visit. If you find you are unexpectedly running short of your prescription, you must contact us at least two weeks before your prescription runs out, and we will send you a refill prescription by mail.

**Reviewing Results:** We do not discuss results over the phone. If your child is sent for ancillary testing, the doctor will schedule a follow up appointment to review results, and to re-examine your child. Please do not call to check on results. You will be contacted if a result requires immediate attention. During your follow-up appointment, the doctor will review the findings in detail with you.

**Counseling Visits:** Visits to discuss your child's condition and treatment plan without your child present are considered counseling visits. Counseling visits are generally not covered by insurance and are accommodated on a self-pay basis. If you require a counseling visit, please inform the office staff.

**Scheduling Tests:** We recommend that parents schedule tests directly since the CCNA staff cannot anticipate your potential scheduling conflicts. If you require assistance with testing within Columbia Presbyterian, please let us know. If you schedule your own exams, please call us with the date of your test, so we can be on the lookout for results.

**Communication:** If your child's condition changes or if new symptoms arise, please contact the office to schedule a visit; otherwise, please make note of your questions and bring them to your next visit. If your child has an urgent health matter, seek immediate assistance from your pediatrician, 911 or the nearest Emergency Room.

**Referrals:** It is the family's responsibility to determine if a referral is necessary for the visit, and to obtain it from their referring physician. If you arrive for your visit without the required referral, you will need to pay for the visit in full and then submit to your insurance.

**Payment:** Payment is due at the time of the visit, and can be made by cash, credit card, or check. A Financial Counselor is available should you require a payment plan, but this must be determined prior to your visit.

**Reports:** Your doctor will send a copy of the report from your initial visit to your referring doctor and to you. You will then be able to provide this report to other parties who may need it. We reserve the right to charge a fee of \$50.00 if you need the doctor to write a special letter, or to complete forms on your child's behalf.

**I have read and understood the policies of Columbia Child Neurology Associates, and indicate my acceptance with my signature below.**

\_\_\_\_\_  
Name (Please print or type):

\_\_\_\_\_  
Relationship to patient (Parent/legal guardian):

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date: