

Ashe Pediatrics, PLLC

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Welcome to Ashe Pediatrics!

If you are new to our practice, we would like to provide you with a little information about us, our policies and how we strive to be the best medical provider you have ever been to! If you have been with us for a while, we want to take this opportunity to remind you of our goals and policies.

Whether you are "old" or "new" we are happy to have you with us!

Medical Home

We want to be your child's Medical Home! You may have heard this phrase before, but are not entirely sure what it means. A Patient-Centered Medical Home is not a building, house, hospital or home healthcare service, but rather an approach to providing complete primary care for your child. Our pediatric care team will help access and coordinate referrals to specialists, provide educational resources and information about community programs that may be helpful for your child, and work with you to ensure that all your child's medical and non-medical needs are met. We are always here and willing to answer your questions.

Of course, children do not always get sick between 8:00am and 5:00pm. Our nurse practitioner is on call 24 hours a day/7 days a week. If your child becomes ill and you are not sure if you should wait until the sick walk-in session, you can call for phone advice. She will tell you how to treat your child at home or advise you to meet her in the office. The Emergency Room will only be needed for life-threatening emergencies.

A Medical Home is the one place you take your child for ALL their health care needs: Checkups, sick visits, accidents, immunizations and any special health needs.

Though the school-based health clinic or other walk-in clinics may be convenient and can provide some quick medical services, they do not have all of your child's health and medication history. We want to be the **ONE** place you can come for everything your child needs!

You want to take your child to someone you know and trust. Because our staff knows you, your child, and your child's health history, you can be comfortable knowing that he/she is getting the very best care possible. We will make sure your child gets the checkups, screenings and shots they need, in accordance with the guidelines set forth by the American Academy of Pediatrics, to stay well and we will respect you as a full partner in your child's care!

If you would like to read more about this innovative concept for continuity of your child's care, please visit www.ncqa.org/home/patientcenteredmedicalhome2011.aspx and click on PCMH 2011 Overview White Paper.

Appointment & Scheduling Policy

When your child is sick, we will always be here for you. We have a sick walk-in session Monday-Friday, from 8:00-9:00am. No appointment is needed for the sick walk-in; patients are taken on a first come, first served basis. If your child becomes sick during the day, please call us as early as possible, as we also reserve times throughout the day for "same day sick" appointments.

We understand that patients will occasionally miss a scheduled appointment; however, no-shows and last minute cancellations have a negative effect on office efficiency and also prevent other patients from being scheduled for the appointed time. Therefore, we do ask that, if you are unable to keep a scheduled appointment, you call us to cancel, preferably with 24 hours notice, so we may be able to accommodate another child, needing to be seen during this time. Canceling an appointment with less than 24 hours notice is considered a no-show. After a patient has three no-shows in a 12 month period, the parent may be notified that their child is being discharged from the practice and encouraged to seek another medical provider. We will provide instructions for the transfer of medical records.

Patients who no-show for a double appointment (scheduling two children to come in together) twice in a 12 month period, will be restricted from scheduling double appointments in the future.

Regular visits for well-child appointments, follow-ups or other chronic problems are scheduled according to availability. Please plan ahead if you will need a sports physical or well child visit for your child to enter school, as these appointments do book well in advance, especially for late afternoon appointments.

Vaccine Policy

All patients of Ashe Pediatrics must receive at least the minimum number of required vaccines, in a timely manner, to remain patients of our practice. Due to the increasing outbreaks of pertussis and other preventable diseases that can have devastating effects to children and families, we do not accept patients whose caregivers decide not to vaccinate. The vaccines required, prior to a child entering school for the first time are: 5 doses of DTAP (diphtheria, tetanus and acellular pertussis), 4 doses of Polio, 3-4 doses of Hib (haemophilus influenzae type B), 2 doses of Measles, 2 doses of Mumps, 1 dose of Rubella, 3 doses of Hepatitis B and 1 dose of Varicella (chickenpox) vaccine. Ashe Pediatrics uses several "combination vaccines" to reduce the number of shots your child receives.

We vaccinate according to the guidelines provided by the American Academy of Pediatrics (AAP) and the Centers for Disease Control (CDC). We realize that some parents have concerns, based on incorrect and often irresponsible media misrepresentations of vaccine safety. However, vaccines are administered as one of the safest and best methods of disease prevention. We would like to suggest that you review data from the following sources:

www.aap.org (American Academy of Pediatrics)

www.cdc.gov/vaccines (Centers for Disease Control and Prevention)

www.vaccine.chop.edu (The Children's Hospital of Philadelphia)

www.vaccinateyourbaby.org (Vaccinate Your Baby Website)

Financial Policy

Payment is due at the time of service. If you have verifiable insurance, we will be happy to file your claim for you. By signing this document, you are authorizing your insurance company to make payment directly to Ashe Pediatrics and authorizing Ashe Pediatrics to release all information to your insurance company, necessary to secure payment of benefits. You will be responsible for your co-pay at the time of service. We accept cash, checks, Visa or MasterCard (credit or debit). Amounts not paid by your insurance will become your responsibility. Insurance is a contract between you and your insurance company; Ashe Pediatrics is only a third party to this agreement.

Please be aware of what your insurance covers. Because there are so many different policies, each with its own set of coverage, we unfortunately cannot keep track of every possible plan. Many of the vaccines required by the state can be very costly, if not covered by your insurance. You are responsible for the cost of these vaccines, as well as any other charges that your insurance does not cover even if your plan does not have complete vaccine coverage and/or if costs are applied to your deductible. Payment is expected in a reasonable amount of time from the date of service, once notified by our office. Payments more than 90 days late may be charged 1-1.5% per month and are subject to collection.

If we are unable to verify your insurance coverage on date of service, or if coverage is pending, you are responsible for charges incurred on that date of service, unless other arrangements are made. We will give you a receipt, which you may file with your insurance when it becomes available.

If you do not have insurance for your child, you will be fully responsible for payments to Ashe Pediatrics on that date of service.

Medication Refills

We ask that you allow 24-48 hours' notice when your child needs a medication refill. We do e-scribe our medications to your pharmacy of choice. Though we strive to get these done as quickly as possible, depending on type of medication, we often need time to check your child's records to see if a follow up appointment is needed prior to providing the medication.

If your child requires medications for attention or behavioral concerns, you will be asked to sign a contract, outlining the treatment plan for these medications, which may include random drug testing. Violation of this plan will be cause for our relationship to be terminated, as outlined in the contract.

By signing below, I certify that I have read, understand and agree to the policies outlined above.

Parent or Gardian

Witness

Child's Name _____ DOB: _____

Add'l Child: _____ DOB: _____

Add'l Child: _____ DOB: _____

Add'l Child: _____ DOB: _____

Add'l Child: _____ DOB: _____

