



7875 East Florentine Road, Suite A
Prescott Valley, AZ 86314
Phone: (928) 443-5599
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Office Policies

Office Hours

Our office is open, by appointment only, from 8:00a.m. – 6:00p.m., Monday through Thursday and from 8:00a.m. – 3:00p.m on Friday. If you ever have questions of an urgent nature after hours, please call our office and follow the directions given. If you have a life threatening emergency, call 911 or go directly to the nearest medical facility.

Urgent Issues include:

- Injuries that you are unclear if you should go to the ER or wait until office hours.
- Obvious injuries with deformities or head injuries go to the ER.
- Breathing difficulties – your child lips appearing blue or shortness of breath.
- Infant 8 weeks or less w/ rectal temperature >100.8
- New onset seizures

Leaving a message- when you call and leave a message (with receptionist or machine), please state the level of urgency.

Prescriptions

Cornerstone Pediatrics has a 72 hour notification policy for all new medication requests and prescription refills. When you need your prescription(s) refilled, please call your pharmacy. The pharmacy will fax your refill request to our office. Avoid running out of your medication by calling your pharmacist at least 3 days before your prescription runs out.

Cancelled and No Show Appointments - **All Cancellations Require 24 Hour Notice**

There may be a penalty for “no show/no call” appointments. Repeated abuse of this may result in your child(ren) being discharged from this practice.

Referrals and Prior Authorizations

The referral process can take up to 7-10 *business* days. This also includes authorizations for medications. The office staff will call you with the specifics when the prior authorization or referral has been obtained.

Test Results

Getting your test results take time. Our staff will notify you of the results by phone. If after 7 days you have not heard from us, please call our office.

Financial

Due to increased insurance company demands, the following policy has been established for this office. Cornerstone Pediatrics will submit claims to your insurance as a courtesy. It is your responsibility to pay co-pays, deductibles, co-insurances, and any other balances not paid by your insurance. **You have 30 days from the receipt of your explanation of benefits to pay these balances.** Insurance companies require that we submit all claims within a specific time limit. We do our best to follow all guidelines set forth by your insurance company. However, if your insurance changes and you don't inform us, we may be unable to bill the appropriate company within these time limits. Failing to do so may result in the balance becoming your responsibility. It is also necessary to let us know if you have more than one insurance carrier. Failing to do so may result in the balance becoming your responsibility.

I have read and understand the office policies of Cornerstone Pediatrics and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.

Patient Name _____

Date of Birth _____

Signature of Parent or Responsible Party Date