



## New Jersey Pediatric and Adolescent Care, LLC

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### Welcome to New Jersey Pediatric and Adolescent Care!

#### Office Policies

**Appointments:** Patients are seen by appointment only. Our staff will make every effort to accommodate you.

If you are unable to keep an appointment, please call to cancel as early as possible. *Broken or missed appointments will result in a "no show" fee.* A cancellation within less than three hours of a sick appointment or less than 48 hours before a well care is considered a broken appointment. There will be a charge of \$25.

**Late Arrivals:** Please let us know if you will be late for your appointment. If you are more than 15 minutes late, we may ask you to reschedule.

**Fees, Insurances and Health Plans:** A parent/guardian must notify the office of changes in address, phone number, or insurance. It is recommended to bring the insurance card for each visit.

Insurance companies require collection of your co-pay or contracted percentage of services at every visit. If your insurance company does not pay for a service, the charges will be the responsibility of the parent/guardian. We recommend that you always question your insurance company regarding your benefits first if you have any questions about covered services or bills.

We accept cash, checks, Visa, MasterCard, American Express, and Discover. There is a \$50 fee for returned checks.

**Medical Records:** Patient copies of medical records can be obtained with a pre-payment. The fee is to be determined based on the size of the medical record.

**After Hours Services:** New Jersey Pediatric and Adolescent Care provides after-hours services. After office hours, holidays, and Sundays will incur an additional charge of \$70, which will be submitted to your insurance. If it is not covered, you will be responsible for the payment of the additional charge.