

Legacy Pediatrics

Welcomes You and Your Family

Welcome! Legacy Pediatrics' Mission is to provide quality, caring pediatric health care from birth to age 18. We strive to assist children and families in our neighboring communities to live quality, healthier and happier lives. Our goal is attainable with your continued support and cooperation.

Your Role: Is to maintain regular child well exams, as recommended by the American Academy of Pediatricians, along with visits for illnesses and concerns. **Arriving on time for scheduled appointments** helps us to keep everyone seen in a timely manner. Allow enough time for check-in and paperwork. Be prepared with change of address, phone contact(s) and current insurance card(s). Insurance co-pays are payable at check-in, deductibles will be billed. Advise the provider of any non-medical changes that may impact your child's health; such as - school, family, moving, job, family member illness, etc. Monitor your child/children at all times for acceptable behavior during your visit with us. Due to the impressionable age of our clients, appropriate dress will be required.

Office Hours: Our phone hours are: Mon – Thu, 8am-12pm and 1pm-4:00pm: Fri, 8am–11:45am; 910-483-2646. Our office is open: Mon – Thu, 8am-12pm and 1pm-4:30pm: Fri, 8am–12pm. Legacy employs CareLink to answer calls after hours and holidays. Holidays Observed: Easter Monday; Memorial Day; 4th of July; Labor Day; Thanksgiving Day & the Friday after; Christmas Eve & Christmas Day; New Years Eve & New Years Day. Please contact the office for changes if the holiday falls on a weekend.

Appointments: All appointments are scheduled, including accompanying siblings and immunizations. We ask that you arrive 15 minutes prior to a scheduled Well Visit/Physical. We do not have walk-in hours. If you arrive without an appointment, you will be offered the next available opening. **Please provide 4 business hours notice for cancellations and/or changes to any appointment;** this allows us to offer the time to another patient in need. **ADD/ADHD & AAP's must arrive no later than the scheduled appointment time.** All other appointment types- **Arriving 15 minutes past the appointment time will result in rescheduling.** We will attempt a courtesy reminder call, for Well-Visits only, to the primary phone number on file. In the case of an office emergency or an illness, our staff will attempt to reschedule your appointment to a convenient day and time. In the event of inclement weather, please call to verify if the office will be open or closed.

Legacy's Staff: Our Legacy Staff Members are expertly trained for the position they occupy. Every member of our staff will treat each parent and patient respectfully and compassionately as we know you will engage each of us.

Vaccines: Legacy Pediatrics promotes and follows the CDC and AAP Guidelines for Immunizations. Alternative vaccine schedules may be discussed with your provider.

Forms & Refill Requests: We attempt to process all **Forms, Immunization Records and Prescription Refill Requests** within **2 full business days**, some forms & letters may take longer. Please bring the **Facilities original form** to the office during regular business hours. Some institutions deem copies of forms to be unacceptable. Health Assessment forms and Asthma Care Plans will be completed and expire one year from the date of the patient's last physical/asthma plan. Cumberland Co. Schools require new forms each academic year. Prescriptions for Controlled Substances must be picked up at the office, during business hours, by an authorized adult with a valid picture ID.

Termination: Legacy Pediatrics endeavors to create lasting relationships with our patients and their families. Circumstances may arise were we find it necessary to terminate the Physician–Patient relationship. These may include, but are not limited to, unacceptable behavior, non-compliance with medical advice, multiple missed appointments or failure to produce current insurance information.

My signature indicates that one member of our family has read, understands and agrees to these terms.

Print Name:

Child's Name

Child's Name:

Signature:

Child's Name:

Child's Name:

Relationship to child/children: Date:

Child's Name:

Child's Name: