**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 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 Pediatrics*, along with visits for illnesses and other 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. If Legacy Pediatrics is unable to verify active insurance coverage for or on the date of service, the signing of a promissory note will be required. Please 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: Good Friday, Memorial Day, 4th of July, Labor Day, Thanksgiving Day & the Friday after, Christmas Day, New Years Day. Please contact the office for changes if the holiday falls on a weekend.

***Appointments:* All appointments are scheduled. We ask that you arrive 15 minutes prior to all scheduled appointments.** 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.*** All well appointments will receive a text reminder 2 business days prior to your scheduled slot to the primary cell phone number on file. In 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. We respectfully request the same from our patients and family

***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. 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 County Schools require new forms each academic year. All refills should go through our online patient portal.

***Termination:*** Legacy Pediatrics endeavors to create lasting relationships with our patients and their families. Circumstances may arise where 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.***

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Print Name: Child’s Name Child’s Name:

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Signature: Child’s Name: Child’s Name:

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Relationship to child/children: Date: Child’s Name: Child’s Name: