

Hours of Operation	
Monday-Thursday 9AM-5PM	www.qasbapediatrics.com Phone: 301-776-2700 3450 Ft. Meade Road #107 Laurel, MD 20724
Friday 9AM-3PM	
Saturday/Sunday Closed	

WELCOME TO QASBA PEDIATRICS

Office Policies

Dr. Qasba and her staff would like to extend to you a warm welcome to our pediatric and adolescent medicine practice. We are here to provide your child(ren) with excellent medical care, a safe and reassuring environment and a friendly setting. Please take a moment to read our office policies.

Medical Records

All new patients must have medical records faxed/mailed to us prior to scheduling any physical exams or receiving any vaccines. **We vaccinate all of our patients, if you're not in compliance please seek a doctor that will accommodate your decision not to vaccinate your child(ren).** We follow the American Academy of Pediatrics immunization schedule. If you are transferring from another doctor's office, please provide us with a copy of the immunizations, this will enable us to give you child the immunizations he/she may need in a timely manner.

Sick Visits

Appointments are available for same day sick visits. Call early as these do fill up quickly. This may result in a wait to be seen by the doctor, we ask for your patience. Everyone will get the time that they need. Less urgent issues such as acne, warts or more chronic conditions (long standing abdominal pain or headaches, constipation, behavioral problems, eczema, etc.) should be scheduled in advance. Please arrive 15 mins prior to your appointment to complete/update insurance information and personal demographics, it is most important to keep us informed of any changes in your personal information. Additionally all insurance cards must be presented at the time of the appointments. Any patient under the age of 18 must be accompanied by a parent/legal guardian to appointments.

Well Care Exams

Please schedule check-ups 2-4 weeks in advance. We will make the effort to have your child's care provided by his/her pediatrician. If Dr. Qasba is not available, we will set up an appointment with our available doctor for that day. Please arrive 15mins prior to your appointment to complete/update insurance information and personal demographics, it is most important to keep us informed of any changes in your personal information. Additionally all insurance cards must be presented at the time of the appointments. Any patient under the age of 18 must be accompanied by a parent/legal guardian to appointments.

Family Information

It is each parents' responsibility to maintain their family file/information up to date. In case of an emergency, it is important to have your most updated phone numbers, address and email address. Email addresses are convenient to confirm your child's upcoming appointment and other administrative communications. By providing Dr. Qasba's office your email address you give us permission to communicate with you by these means. Please do not email us urgent requests.

After Hours and Weekends

If you have a medical emergency after office hours or on the weekend and feel you need to reach Dr. Qasba please call (301)776-2700. On this number will be a recording with instructions on how to reach Dr. Qasba. Please do not call any other phone number first. Referral appointments or prescription refills are not emergencies and will only be addressed during normal business hours.

Insurance Coverage

It is your responsibility to keep our office informed of any insurance changes for your family. The contract between the insurance companies is between you and them. Please respond in a timely manner when our office, the insurance company, the state of Maryland or your county DDS sends you correspondence regarding your coverage. If these letters are not addressed, you will be responsible for any charges incurred for services. If you have two insurances it is your responsibility to inform us of both insurances. In the case you fail to do so and the doctor does not get paid, you will be liable for this bill.

Cancellations/Missed Appointment Policy

Your appointment time has been reserved exclusively for you. Therefore, we require 24-hour notice for cancellations. There is a \$25 fee for all missed appointments. If you are more than 15 minutes late you may be asked to wait or reschedule your appointment. Please call ahead of time if you will be late.

Health Forms

We are happy to complete forms for school, camp, etc. The charge is \$5.00. If your child has not had a physical exam within the last 12 months we cannot fill the forms until he/she has a current physical exam done. Please give us 2-3 days to complete forms.

Additional Fees

Medical Records-\$10 • Additional immunization copies- \$2 • School Forms- \$5 • Missed Appts - \$25

ATTENTION PARENTS

IMPORTANT BILLING INFORMATION

To avoid any misunderstanding concerning your medical bill and/or our payment policy please read the following information and feel free to discuss any questions you might have with our billing staff.

Your health insurance benefits are determined by your policy. Please read your booklet carefully so that you are familiar with your insurer's requirements for co-payments, referrals, or service requiring pre-certification. We will assist you in receiving the maximum benefit allowed for your child's treatment here.

Well Care Visits will address preventive pediatric exams and is not meant to diagnose or treat problems. If your health care provider addresses and/or treats other health issues at this visit that are new or chronic in nature, rather than having to return for a separate follow up or sick visit, you may incur additional charges for those services.

If your child is covered under more than one policy, you must disclose that fact. Failure to do so can result in retroactive denial of claims with rescission of payment and you could be responsible for the entire amount of the claim.

HMP/PPO/Medical Assistance Policies

In order for treatment to be covered, Dr. Qasba MUST be listed as your child's Primary Care Physician. Failure to do so may result in rescheduling your appointment or parents will be responsible for any unpaid portions.

Insurance cards must be shown, and co-payments must be made at each visit.

Divorce or Separation

We are not parties to your separation agreement/divorce decree. Payment for services is the responsibility of both parents.

Babysitters/Nannies

If you arrange to have your babysitter/nanny bring your child to the office, please make sure that you have provided us with a letter stating that they can authorize medical treatment for your child. Also, please make sure you provide them with your child's co-pay, if applicable.

Forms of Payment

We accept cash, money orders, Master Card, or Visa at the time of service. You may mail a check if you are paying a balance received by mail. Returned check fee is \$25.00.

"Quick Look" at Siblings

Quick look at a sibling when in with another child of the same family. If the doctor agrees to take a "quick look" at a sibling when seeing one of your other children, there will be a charge and/or co-payment for the second child if the second child's chart is pulled, Dr. Qasba examines the child and a note is written in the chart.

Shot Appointments

If your child is scheduled for a shot appointment Dr. Qasba or the nurse may administer the vaccine and answer questions about the vaccine being received. No other questions will be answered. If you have additional concerns, please schedule a follow-up visit.

If you have any questions, please speak to someone in the billing department. Thank you for your attention to these important matters.



Notice of Privacy Practices

This notice describes how medical information about your child(ren) may be used and disclosed. We are required by law to protect the privacy of your child(ren's) protected health information. This document also explains how you can gain access to your child(ren's) medical information and who to contact should you have a complaint.

Please read this document carefully and sign the acknowledgement form.

I. The general consent for release of medical records that you sign authorizes Sujata Qasba, M.D. to disclose the information in your child(ren's) medical record for treatment, payment and healthcare operations.

II. For the purpose of providing treatment to your child(ren). Your child(ren's) information may be shared with employees and contractors of the provider or with other healthcare providers who are treating your child(ren) in consulting in their care.

III. For the purpose of arranging payment for your child(ren's) care. Your child(ren's) information may be shared with your insurer or other third-party payer who is responsible for paying all or part of the cost for you child(ren's) care.

IV. For the purpose of healthcare operations. We may use and disclose information that is necessary for our operations; e.g., internal quality assessments. We may use information about your child(ren) to remind you for treatment of medical care.

V. You may be asked to sign a specific authorization for release of medical records, which will authorize us to make a specific disclosure that is not covered under section A above. The specific information, the entity to whom it may be disclosed and the purpose for which it will be used will be documented for your review before signing.

VI. You may revoke any consent or authorization provided to us by giving a written notice or revocation.

VII. We may be required by law to disclose your records without authorization. For example, if we receive a subpoena for the records or if public responsibility required disclosure; e.g., to protect public health. We will keep all disclosures of your child(ren's) medical records to the minimum necessary.

VIII. Your rights regarding health information about your child(ren).

IX. You have the right to inspect and receive copies of your child(ren's) medical information.

X. If you feel that the health information we have about our child(ren) is incomplete or inaccurate, you have the right to request an amendment to the medical records. The request must be made in writing with the reason that supports your request. If we do not agree with your request, you have the right to ask that your statement be placed in the medical record.

XI. You have the right to find out how your child(ren's) health information is used and to whom it is disclosed. You may request an accounting of your child(ren's) medical record disclosures made by us except for disclosures made for treatment, payment and health operations.

XII. You have the right to receive a paper copy of this notice.

XIII. We are required by law to maintain the privacy of your child(ren's) protected health information and if you believe that your rights have been violated, you may complain to the secretary of the U.S. Department of Health and Human Services or complain by directly to us thru phone call or with a detailed letter.

XIV. By providing us your email address, we reserve the right to email you notices about your child(ren)

XV. We reserve the right to change our privacy practices and to make new policies effective for all protected health information that we maintain. If we should do so, we will issue and updated "Notice of policy Practices" to all our patients.



Office of Dr. Sujata Qasba, MD

ACKNOWLEDGEMENT FORM

I have received a copy of:

- 1. Welcome Note
- 2. Important Billing Information
- 3. Notice of Privacy Practices

I have been given the opportunity to review, ask questions and agree to the terms set forth in each.

Please acknowledge receipt and agreement of these notices:

Signature of Parent or Guardian

Date

Patient Name(s):

Date of Birth:

