

**Bear Pediatrics, LLC**  
**Katie Bittner-Cassett, CRNP**  
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## **OFFICE POLICIES**

### **Appointments and Cancellations:**

Appointments may be scheduled 6 months in advance. We recommend well child visits be scheduled two to three months in advance and infant check-ups be scheduled prior to leaving the office. Sick visits may be scheduled at any time. We require at least 24 hours' notice for cancellation of appointments.

### **Missed Appointment/ No- Show:**

There is a \$25.00 Charge for all missed appointments.

### **Co-Pays:**

All co-pays are due at the time of your appointment. This is not only our policy but meets the agreement you have with your insurance company. Payments may be made by cash, check, Visa, MasterCard, and Discover. If your co-pay is not paid at the time of the service, there will be an additional \$10 charge attached to your co-pay.

### **Referrals:**

It is the member's responsibility to be familiar with the referral process and know your participating radiology center, laboratory, and physician specialists, should you need those services. We require that referrals be requested at least 2 weeks prior to your specialist visit. NO post-dated referrals will be issued. You are responsible for picking up your referral prior to your appointment.

### **Prescriptions and Forms:**

We require 72 hours' notice for prescription refills and the completion of forms. You may either pick up or provide the office with a self-addressed stamped envelope for your prescription or forms. There is a \$5 fee for the completion of forms.

### **After Hours Call:**

There is a \$20.00 fee for any after hour call to the answering service between the hours of 9pm and 8am. There is an additional \$5.00 fee if the NP must be notified by the answering service during those hours. Holiday fee is \$25.00