

Dr. Robert Langston MD, Dr. Katherine Johnston MD, Dr. Lucy Hume MD

3838 California Street Suite 815

San Francisco, CA 94118

Office (415) 221-6476 Fax (415) 221-3903

OFFICE POLICY

Office hours

Our office is open Mon-Fri 8:30-5:00 closed between 12:00-1:30 for lunch

Closed on Saturdays and Sundays and some Holidays

Phone Calls

Doctors will return all phone calls as soon as possible. Most callbacks will be made during lunchtime and after office hours. If the problem requires an urgent response, the staff will inform the doctor.

After-Hours Calls

For after-hour advice, please contact the Pediatric Evening Referral Clinic. When the office is closed, our answering machine will have the phone number available for nurse advice and after-hour care service.

Office Fees We accept cash and checks only.

It is a priority for us to see your child in a timely manner. Patients arriving late and walk-ins are the main reasons why doctors run behind schedule. If you are **20 minutes** late for an appointment we will **automatically reschedule** the appointment.

- (1) For no shows, and cancellations of well child care appointments less than 24 hours prior to appointment time there will be a **\$75 fee**
- (2) Cancellations for sick appointments less than 2 hours prior to the appointment time will also be charged a **\$75 fee**
- (3) School forms will be processed in 3-5 days for no charge; If forms are needed SAME DAY, there will be a \$10 fee
- (4) Copy of Medical records- \$35 (unless insurance is Brown & Toland - there is no charge)
- (5) When parents choose to give vaccines at times OTHER THAN well childcare appointments, (unless there is a medical indication) there will be a **\$25 charge for each vaccine**

Insurance Policy

Please pay your co-pay at the time of visit. It is required by your insurance company and important to us.

Office Visits

Please contact your insurance company prior to any visit if you are concerned about your coverage. Any visit not covered by your insurance company will be your responsibility.

Appointments are for the scheduled patient only. **Walk in patients will not be seen. We do not accept walk-in sibling visits; if accommodated based on scheduling, there will be a \$75 fee.**

We try to keep on schedule and unscheduled patients delay the appointments of others.

_____***BY INITIALING HERE; YOU HAVE READ AND UNDERSTAND OUR OFFICE POLICY***

Child's Name: _____ Date: _____

PLEASE PRINT FIRST AND LAST NAME