

Newborn Information

PEDIATRIC ASSOCIATES OF IOWA CITY AND CORALVILLE



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Iowa City, Iowa 52245
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www.pedsic.com

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Office hours by appointment

Phone hours 7:00 a.m.-8:00 p.m. M-Th

7:00 a.m.-5:00 p.m. Fri

Saturday 8:00 a.m.-12:00 noon

Evenings and Saturdays – acute illness only
(Iowa City office only)

Coralville office hours

8:00 a.m.-5:00 p.m. M-F

351-1448

Iowa City

339-1231

Coralville

After hours emergencies

351-1448

If no answer, call Mercy Hospital

339-0300

Congratulations on the birth of your new baby!

This booklet is designed to help you in taking care of your new infant. Many of the sections will answer questions that may arise during the course of the next few months.

BREAST-FED BABIES

While in the hospital, your baby will nurse every 1-3 hours. Usually your baby will be rooming in with you at least part of the time. Otherwise the nurses will bring your baby to you. The nurses can help you get your baby attached or “latched on” if you would like. Allow baby to feed for as long as she or he wants unless you feel tenderness; in that case, ask the nurse or lactation consultant for assistance. Your baby may be sleepy and not wake spontaneously to feed. If it has been 3 hours and during the daytime hours, try to arouse your baby to nurse. Some techniques are changing the diaper, undressing to the diaper, and skin-to-skin contact. Learning to assess hunger cues is important; behaviors such as rooting, lip licking, hand sucking are good indicators. Try not to wait until the baby is crying.

Colostrum (the first milk) is highly nutritious and is sufficient to satisfy your baby until your milk supply increases. This happens approximately 3-5 days after delivery. Breastfed babies do not need water or formula supplementation unless medically indicated.

When you take your baby home from the hospital, we encourage you to nurse the baby at least 8 times per 24 hours a day. It is very typical for your baby to be fussy and want to nurse more frequently during the evening hours. These are called “cluster feedings.” This ***DOES NOT*** mean your milk supply is low. Your milk supply is less abundant during the evening hours, so your infant can nurse frequently without causing stomach upset. Try to reduce over stimulating your infant during the day to help reduce evening tension (ie. Limiting visitors, outings with large groups of people, etc.). After “cluster feedings,” babies usually go into a deep sleep from 4-6 hours.

We recommend waiting at least 2-4 weeks to introduce a bottle. This lets you establish a full milk supply and means baby may have less difficulty going between breast and bottle. Babies may refuse the bottle; if this happens, please call the office or Mercy’s lactation consultants for alternative strategies. You may also want to use the pad of your finger for a “pacifier”

rather than an actual pacifier if your baby is still fussy and you’re sure she or he is full. Pacifier use should be avoided or minimized during the first few weeks of breastfeeding.

Manual and electric breast pumps can be purchased, or electric pumps can be rented. Breast milk can be used for up to 8 hours at room temperature. It can be stored in the refrigerator for 5-8 days, and frozen for 6-12 months. When in the freezer, your breast milk needs to be in the coldest part, and ***NEVER*** kept in the door. A convenient way to store breast milk is in an ice cube tray with a lid. 1 cube equals approximately 1 oz. of breast milk. They are easy to pop out and warm in that size. It is also acceptable to supplement with formula if needed. If formula is used to supplement feeding, it is most convenient to get the formula in powdered form so that smaller amounts can be prepared and there is little waste. The most common formulas used are Similac Advance and Enfamil Lipil.

It is sometimes difficult to know how much milk a breastfed baby is receiving. If your baby nurses at least 8 times per 24 hours, swallows at least 10 minutes per feeding, appears content after feeding, and has at least 4-5 bowel movements each 24 hours, you can be assured the baby is getting enough fluid. The bowel movements should increase to at least 4 times a day after the first 4-5 days of life. After the first 1-2 months, the bowel pattern may change and your baby may go several days without a bowel movement. If you ever have concerns about whether or not your baby is getting enough fluid, call the breast feeding educators at our office or the lactation consultant at Mercy Hospital.

Try burping your baby after each breast. Some babies burp easily, others don’t. If you have tried to burp your baby for 1-2 minutes without success, try changing feeding positions and go on to the next breast.

DISCOMFORT WITH BREAST FEEDING

Sometimes breast feeding can result in sore breasts. There are several causes. Engorgement of the breasts occurs in the first few days of breast feeding, and is the result of milk production and fluid retention in the breasts. Frequent feedings help prevent it. The fluid retention is only temporary and will resolve in a few days. During this time, hot compresses just before and during nursing may help the milk flow more readily. Expression of milk manually or with a breast pump can be tried to relieve engorgement, but avoid excessive pumping. Motrin or Tylenol may be used for breast pain.

Tender nipples can occur if the baby does not have a wide open mouth when he or she latches on or if she or he is suckling incorrectly. Many new mothers notice a slight “ouch” with the first several sucks at each nursing for 8-10 days, but if you have other discomfort while breastfeeding, please tell your nurse. Proper positioning is the best way to prevent or treat sore nipples. To minimize tenderness, make sure the baby has as large a mouthful of breast tissue as possible. Breaking the baby’s suction seal with your finger after feeding will help minimize tenderness as well. Sometimes after discharge from the hospital, small blisters or cracks in the nipples may develop. This can be helped by rinsing your nipples with plain water after each feeding and then applying lanolin or hydrogel dressings. If you experience this, call your personal physician or the lactation consultants.

Should you develop painful, hot, red breasts, accompanied by a fever and/or flu-like symptoms, you may be developing mastitis (a breast infection), and you should call your personal physician.

BOTTLE FED BABIES

During the first 2-3 days after birth, your baby may not be too eager to feed. That is okay as babies are born with enough extra fluid to get by for several days. Most babies are taking 1-3 ounces per feeding by the time they go home. Formula used in the hospital may be Similac Advance or Enfamil Lipil. Formula is available in three forms. Ready-to-feed is the most expensive and the least work. Concentrate and powder are more popular. When mixing, tap water can be used if advertised safe and low in nitrates. Bottled water can also be used.

Water and bottles do not need to be sterilized. Washing with soap and hot water, or in the dishwasher, is adequate. The type of nipple or bottle best taken by your baby varies, so any type can be tried. When bottle feeding, burp your baby after each 1/2-1 oz., until you know how frequently your baby needs to be burped. Caution must be used if bottles are warmed in a microwave; the milk can get very hot in spots, but the container stays cool.

WATER

Breastfed babies do not need extra water, and it is not recommended because it fills them up without providing calories and other nutrients.

VITAMINS

Vitamins are included in all approved formulas and do not need to be added. If you breast feed, discuss with your doctor the need for vitamins.

NO HONEY!

Because of a small risk of infant botulism in the first year of life, honey should not be given during this year.

MASHED POTATOES AND GRAVY

Solid foods and juices are not introduced until between 4 and 6 months. Specifics will follow from your doctor at the 4 month exam. Foods and juices can cause your baby problems if introduced too early.

SNEEZERS AND WHEEZERS

Several things that babies do are normal but may seem abnormal to you. For example, sneezing, sniffing, snorting, and sounding congested can often happen. These are not usually due to colds, but just small nasal passages with mucus. This is normal!

Babies often spit up, sometimes after every feeding. If there is not projectile or forceful vomiting, this is normal!

Babies often breathe funny; sometimes fast, sometime slow, sometimes even stopping for a few seconds. This is referred to as periodic breathing. This is normal!

Hiccups also occur frequently. This sometimes happens with every feeding. It does not seem to bother the baby, and nothing needs to be done about it. This is normal!

Eyes often move in an uncoordinated manner, and occasionally the baby will appear cross-eyed. Until 6 months of age, this is normal, unless it seems to happen most of the time.

Sometimes the eyes develop matter in them after birth. This is usually due to poorly draining tear ducts. This is normal. Should this become yellow or green pus, and need wiping every hour, your doctor should be called.

PACIFIERS

Some babies need the extra sucking time of a pacifier. This need often peaks at 4-6 months.

STOOLS

Stools vary in babies. At first, dark green or black tar-like stools, called meconium, are seen. After a few days, the stools become more "normal," and may be yellow, green, or brown. The baby may have 6-8 stools per day, or may have one stool every 6-7 days. They may be pure water, or semi-formed. Constipation is when the baby has rock hard stools and pain with passing. If this happens, one teaspoon of Karo syrup can be offered in 3-4 oz. of water or in the formula. Use up to six teaspoons maximum of Karo syrup per day. Call your doctor if you feel the child is not having appropriate stools and the abdomen is getting enlarged and hard.

URINE

Babies will at first retain fluids, waiting for breast milk to come in. Therefore, you may only see one or two wet diapers per day. By 4-5 days, however, the baby should be having 5-6 wet diapers per day. Occasionally, a pink crystal-like or dusty material may be seen in the wet diapers. This is normal and usually passes in a few days. "Ultra" diapers may develop gelatin-like granules when wet, this is not harmful in any way to your baby.

BABY SKIN

Your baby's skin will naturally appear dry and may peel in the first 3 weeks. This is normal and no special attention is needed. Lotions are not necessary. Bathing after the cord falls off is appropriate, 2-3 times per week is usually adequate. Mild soaps, such as a liquid baby bath soap, may be used. Shampoo of the scalp can be used as needed. Cradle cap, or a yellow greasy crustiness of the scalp can occur. This is common. It can be treated by lightly combing after rubbing in a baby shampoo. It rarely makes the baby uncomfortable, but if it concerns you, please talk with your doctor at the baby's checkup. Many babies also develop a facial rash ("infant acne") during the first few weeks. This is also normal and does not bother the baby.

WIPERS AND DIAPERS

The diaper area is best managed by keeping it clean and dry. No specific lotions or creams are needed routinely. A wash cloth and water are the best to use to keep the area clean. Soap can be drying. It is not necessary to wash after each wet diaper. Stools, however, are more irritating than urine, and should be cleaned off right away. If a diaper rash develops, Desitin ointment can be applied. If the rash gets worse, the office may be called. For girls, do not be afraid to cleanse the folds and creases of the labia. Always wipe "front to back" over the vaginal area. A cheesy substance from birth is often present in the creases of the labia, and this will work itself out with gentle cleaning over time. A milky vaginal discharge may also develop, and this will resolve in the first few months of life. Occasionally a small amount of blood may be found in the vaginal area during the first week. This is normal.

In boys who have been circumcised, no special care is needed after 24 hours. If the baby's penis tends to stick to the diaper, vaseline can be applied to the end of the penis as needed. The penis can be gently cleansed when needed. Further care of either a circumcised or uncircumcised boy will be discussed as needed in the office.

DOCTOR! DOCTOR!

Fortunately there are not many newborn emergencies. However, some events should be made known to your pediatrician. Fevers over 38 degrees C (100.4°F) in the first two months should prompt you to call your doctor, because in this young age group it is difficult to tell how sick a child really is. Projectile vomiting after every feeding should also lead to a phone call (again when occurring in the first two months.) Other events to call about would be obvious to you, i.e. unable to awaken your infant, bloody stools, etc. For non-acute problems, please call the office during weekday office hours. If you do have an emergency after hours, call the office number and a taped message will tell you who is on call and how to get in touch with the pediatrician.

BELLY BUTTONS

The cord should be left open to air as much as possible. In 2-3 weeks it will fall off. It may get very smelly and gooey the last few days. After the cord falls off, then tub baths can be given. Once or twice per week is adequate.

Call your doctor if the skin around the cord gets red, raised and hard, or if the cord site continues to be moist or bleeds for several days after the cord has come off.

BROTHERS AND SISTERS

Older brothers and sisters can feel jealous about a new baby. Basically they do not want to share your time and affection. Therefore, the older child may demand more attention. The following are simple suggestions to make it a little easier:

- Stay in touch with the sibling while in hospital.
- Spend the first moments with the sibling when you come home.
- Give a gift to the sibling from the baby.
- Say “our baby.”
- Encourage the sibling to touch and play with the baby in your presence.
- Enlist the older child as a helper.
- Give extra time, “Sibling’s time,” as one-on-one quality time each day.
- Accept regressive behavior.
- Give time-outs for aggressive behavior.

BABY FASHIONS

It is always difficult to know how you should dress your baby, especially with frequent weather changes. Common sense will be your best guide, but as a reference: in the nursery the temperature is 75 degrees and the babies have an undershirt and two thin receiving blankets. If you keep your home warmer or cooler than that, then you must make the appropriate adjustment. We are usually guilty of overwrapping our children. If the baby is getting hot and sweaty, take some layers off.

YELLOW (JAUNDICE) BABIES

Most babies develop a yellow tinge to their skin, called jaundice. This is most often caused by an immature liver not removing bilirubin (a breakdown product of red blood cells), causing the jaundice. This usually peaks on day 4 or 5, and eventually turns the whites of the eyes yellow too. With breast feeding, jaundice may sometimes persist for several weeks. We only worry when jaundice is especially severe. Do call your doctor if you think the baby has severe jaundice.

HUSH LITTLE BABY DON'T YOU CRY

One of the most difficult things in taking care of little babies is trying to figure out why babies are crying. Obviously, if it's been two or more hours since

the last feeding, the child may be hungry, but if you've just fed the baby, then perhaps the baby is hot, cold, wet, or having abdominal gas cramps. Gas cramps will sometimes occur after feedings, and the baby may scream in pain. He or she may pull their legs up and turn red. Often they will act like they want to suck, as that's the only way they know how to comfort themselves when in pain. If this is happening, changing positions sometimes helps, i.e. walking, bouncing, rocking. Offering water or applying a warm wash cloth on the abdomen sometimes helps. A feeding can be tried, although sometimes this makes it worse. Sometimes the babies just have to cry themselves out of it. Should these crying times occupy most of the day, notify your physician.

Self-quieting skills of each baby differ because of temperament. Just because your baby is not as easily consoled as other babies, do not blame yourself for this.

Parents often ask if they can spoil their baby. This will most likely not happen the first several weeks. Be aware, however, that not every baby will fall asleep in your arms. Some babies need to be lying quietly to fall asleep, and the more they are held, the more disrupted their schedule can be. As your child gets older, it will be prudent to let your baby fall asleep in the crib, rather than in your arms. This will teach your child to fall asleep independently. You can, of course, rock the child for a time before falling asleep.

At night time, many babies wake up frequently, cry briefly, and fall asleep again. You do not need to jump right up and pick up the child if it is not feeding time. Many times a gas cramp or pain will wake the child briefly, but if you respond to every little cry, neither you nor the baby will get much sleep.

WHERE THERE'S SMOKE...

If you smoke, you should be aware of the effects it will have on your baby. These include: more respiratory diseases, especially wheezing; more ear infections; and long term hazards of increased cancer risk, heart disease, abnormal lung function, and increased risk of sudden infant death.

Because of these effects, we encourage all smoking parents to consider quitting. To help you quit, you might consider speaking with your physician, or calling Mercy Hospital's program. If you have tried to quit before, don't be discouraged. The odds of success actually increase with each attempt. If you or your spouse is unable or unwilling to quit, please smoke outside. Even smoking in another room eventually reaches your baby.

SAFETY CONSCIOUS

If this is your first baby, many aspects of your life are about to change, and you will be making more adjustments to your life as time goes by. One adjustment will be the realization that you now have a responsibility to provide a safe environment for your child. In the first few months of life, the following subjects should be addressed:

- **Place the baby on his/her back for sleeping.**
- Place the baby where he/she cannot roll off onto the floor. Occasionally even a newborn will roll over accidentally.
- Monitor siblings when they are too young to know they could hurt their baby brother or sister.
- Do not place objects in the crib that the child could place in his/her mouth and choke on.
- Do not place the baby on soft cushions, pillows or water beds, especially face down. Babies do not need pillows to sleep.
- Crib bars should be no more than 2 3/8 inches apart.
- Be certain that any paint on the crib is not lead based.
- Avoid inhalant irritants, such as insecticides, painting, paint removing, formaldehyde, smoke, etc.
- Babies sunburn easily so avoid direct sunlight for long periods of time.
- Use infant car seats with every ride.
- Learn and review CPR techniques. Ask nursery to see educational tapes.

Issues involving older children will be discussed as you return for well child exams.

INFANT STIMULATION

Parents often feel the need to provide developmental stimulation to maximize their child's development. There is no evidence that educational toys, music, movement classes, or excessive reading enhances child development. We feel that the most important stimulation for infants is loving interaction with the parents. Let babies be babies.

PEDIATRICIANS

We are pediatricians, specialists in the care of infants, children, and adolescents. We accept patients from birth to age twenty-one. Our training consists of three years of post-medical school residency in the care of children, and we are certified by the American Board of Pediatrics and are Fellows in the American Academy of Pediatrics.

PEDIATRIC PSYCHOLOGIST

If psychological issues arise, there are multiple services available. Ask your physician about the most appropriate referral.

We have one pediatric psychologist on staff at Pediatric Associates, Dr. Emily Warnes. She is a specialist in development, learning, and the emotional and behavioral health of children and adolescents from birth to twenty-one years of age. Dr. Warnes' training consists of five years of post-graduate training in psychology followed by three years of internship and post-doctoral fellowship in pediatric psychology at the University of Nebraska Medical Center. Dr. Warnes is a licensed psychologist and credentialed by the National Register of Health Service Providers in Psychology.

WELL-CHILD CARE

Suggested Well-Child Visits & Immunization Schedule

Newborn	± HB	18 months.....	DTaP/Chickenpox
2-4 weeks	no shots	2,3 years	no shots
2 months	DTaP/HB/IPV/PCV/HiB	4 years	IPV/DTaP/ MMR/2nd Chickenpox
4 months	DTaP/HB/IPV/PCV/HiB	5 years.....	school exam, any missed shots
6 months	DTaP/HB/IPV/PCV/HiB	7, 9, 11, 13 years	exams every other year
9 months	no shots	11-12 years and older ..	girls receive three HPV
12 months	PCV/Hib/MMR	10-15 years.....	Tdap

Some physicians may recommend oral rotavirus vaccine at 2, 4 and 6 months.

Some physicians may recommend two hepatitis A vaccines beginning at 1 year or older.

Meningococcal (meningitis) vaccine for older children can be given at college entrance, or earlier.

- IPV = Injectable Polio Vaccine
- Hib = Haemophilus Influenza
- DTaP = Diphtheria, Tetanus, Accellular Pertussis
- MMR = Measles, Mumps, Rubella
- dT = Adult Diphtheria, Tetanus
- PCV = Pneumococcal Vaccine
- HB = Hepatitis B
- Tdap = Adult Diphtheria, Tetanus, Pertussis
- HPV = Human Papilloma Virus

This recommendation changes at times, and the most current schedule can be found on our web site.

CORALVILLE OFFICE

Our Coralville office is located at 2593 Holiday Road, Coralville. It was built to offer west side patients easy access to Pediatricians. Patients regularly being seen there will have their records kept at that office. (Scheduling at the Coralville office will be separate from the Iowa City office. We encourage all of our patients to establish their care at only one of the offices.)

After hours coverage will be provided by the Iowa City office for all patients.

APPOINTMENTS

Routine appointments can usually be made a few days in advance. Times are set aside each day for sick children, for which appointments should be made. Walking in without an appointment will create unnecessary waiting and delay. Patients are encouraged to see whichever doctor they desire, but there will be occasions when your doctor's time is limited and it will be suggested that you see another doctor. If you are unable to keep an appointment, please cancel it as far in advance as possible so that another patient may use that time. The office reserves the right to charge patients for appointments not kept. We make every effort to stay on schedule, since we know that your time is valuable. However, emergencies do arise and take priority. If we anticipate that there is going to be a long delay, we will try when possible to notify you so that your appointment can be rescheduled or your time schedule can be rearranged.

PARKING

Parking is available for our patients adjacent to the building.

AFTER HOURS

The doctors rotate coverage for emergencies that occur when the office is not open. If an emergency arises, please call the office number which is answered 24 hours a day. Instructions will be given to you as to how to reach the doctor on call. Non-emergent questions can be asked to call the Mercy On-Call nurse at 319-358-2767 or 1-800-358-2767. Routine calls should be made before 5:00 p.m. Mon-Fri, when we have a full staff to spend adequate time discussing the problem.

PLEASE read this booklet before calling—it may answer your questions.

TELEPHONE POLICY

Appropriate use of the telephone can save us all time, travel, and expense. When your child is ill, we encourage you to make use of the information that this pamphlet provides, since this is the same advice you would receive if you were to call. If after utilizing this information you feel that your child should be seen, call to make an appointment. It is not necessary to speak with a nurse prior to making an appointment. If you are not certain whether your child needs to be seen, call the office and speak with one of the nurses. Our nurses are skilled, concerned, and experienced in the care of children. They know what advice to give and when the child needs to be seen by the doctor.

When using the telephone, be as accurate as possible. Have a pencil and paper available so that you may write down advice, medications, and dosage. Give your name, the child's name and age, the child's symptoms, and the duration of the symptoms. If you think your child has a fever, take the temperature before you call.

When contacting the physician on call after office hours, please identify yourself and your child when the call is returned.

For non-emergency problems, such as bedwetting, constipation, temper tantrums, etc., we ask that you call before 5:00 p.m. M-F, when we have a full staff to spend adequate time discussing the problem.

TEACHING

Some of the doctors hold Clinical Assistant Professorships in the Department of Pediatrics at the University of Iowa. The majority of teaching is done in the office, so on occasion the doctors will have a medical student, or nursing student with them while seeing patients. If you prefer not to have one of these students with the doctor when your child is seen, please tell the nurse.

MERCY HOSPITAL

All hospitalizations, emergency room visits, most x-ray and laboratory procedures are done at Mercy Hospital at 500 East Market Street. If your child is injured or ill, call the office or the doctor on call before going to Mercy Hospital if possible.

Some insurance coverage requires emergency room visit, x-rays, and lab procedures be done at UIHC. We do not have hospital privileges at UIHC, but we can arrange your care there.

FEES

FULL PAYMENT IS DUE ON THE DAY SERVICE IS PROVIDED; however, if this is not possible, a copy of your account charges will be provided the day of your visit. Payment of your account is expected within 15 days of receipt of charges. In the event that timely payment cannot be made, special and specific arrangements may be made by calling our Billing Department at 319-351-1448.

WE ACCEPT CASH, CHECKS, MASTERCARD AND VISA

Our requirements for payment of your account and for maintaining your account in good standing are as follows:

- All charges are due and payable within 15 days of receipt of statement.
- If payment cannot be made when due, you must contact our Business Department to set up a payment arrangement.
- After 90 days, if no payments have been received and no extended payment arrangements have been made, necessary collection proceedings will begin.
- We should be notified of address changes immediately since undeliverable statements are turned over to collection agencies.
- We should be notified of any insurance changes since incorrect information will result in unpaid claims that will be your financial responsibility.

Credit card payments may be made online at www.pedsic.com.

INSURANCE

We will submit to most insurance policies. Present your insurance card at the time of service for verification of submission. We will need to see a copy of the front and back of your insurance card. Without a card we cannot file for you. You will also be required to provide us with information about the insured party such as their date of birth and social security number and employment information. This is information that your insurance company requires us to have to submit your claims.

VISITING PATIENTS

We are happy to see visiting patients, however we expect full payment at time of service. If you have insurance that will cover your visit please provide us the necessary information for submission. If we receive payment from the insurance company we will reimburse any overpayment to the appropriate party.

COLLECTION ACCOUNTS

If your account has been sent to a collection agency, every future visit will need to be paid in full at time of service regardless of your insurance coverage. This will be the policy until your account is back in good standing.

BANKRUPTCY ACCOUNTS

If we are served a Bankruptcy notice, all future visits in this office will be paid in full at time of service regardless of your insurance coverage. You will no longer be able to charge any visits to your account.

MEDICAID/TITLE XIX

Pediatric Associates of Iowa City and Coralville is participating with the Iowa Medicaid program. We require that a card be presented before every visit to confirm eligibility. If the physician's name on the card is not on staff at Pediatric Associates, it is the patient's responsibility to call 1-800-338-9154 to get the name changed to their primary physician at our office. Until a corrected card is sent to you, it is the patient's responsibility to get prior authorization from the physician on the card for any upcoming services. If you fail to get authorization or the physician on the card does not approve the visit it will be your financial responsibility, to be paid in full at the time of service.

RETURNED CHECK FEE

There is a \$25.00 fee for any checks that are returned to us.

All patient due payments, including co-payments, coinsurance and deductibles, not made on the day of service may be subject to a \$5.00 service charge.

PATIENT DISMISSAL POLICY

Front office policy:

- 1) Any overtly abusive language including verbal and/or threats of physical violence from either patient or patient's family will result in immediate dismissal of patient from Pediatric Associates.
- 2) Families that have missed more than four (4) appointments in two (2) calendar years will receive a warning letter. The fifth missed appointment will result in a certified letter of dismissal from the practice.

Business office:

- 1) Any overtly abusive language including verbal and/or threats of physical violence from either patient or patient's family will result in immediate dismissal of patient from Pediatric Associates.
- 2) The family has filed bankruptcy twice against our office. Upon the second bankruptcy, the family will be discharged from the practice.
- 3) The account has been in collection for nine (9) or more months and there has been no attempt by anyone to contact our office regarding the account.
- 4) Patients who have cashed directed payments from a third party payer and have not paid on their account.
- 5) Families that have insurance that require they select a PCP, who fail to select one of our physicians for three (3) months.

SITTING DOWN WITH A GOOD BOOK

Parents differ on how much they wish to read concerning baby care. Most parenting is learned by OJT; on-the-job training. Some general books on child care include:

Touchpoints, T. Berry Brazelton

First 12 Months of Life, Caplan

Spock's Baby and Child Care

Better Homes and Gardens' *New Baby Book*

The Available Pediatrician, Parker

Your Child's Health, Barton Schmitt

The Academy of Pediatrics has published an excellent book, *Caring for Your Baby and Young Child - Birth to Age 5*, if you want a more complete reference book.