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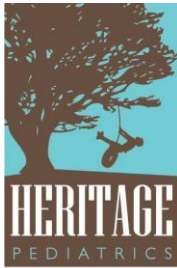
September 1, 2011

Dear Patients,

Well, I have now officially been back in San Antonio for 12 years, as long as I was away in Nashville at Vanderbilt. A lot has happened this past year. My father retired, Dr. Tardy joined our practice, there are a lot of new faces in the office, and we've had three babies born to doctors and staff. I have loved having Dr. Tardy in the office. Not only is he a great physician, but he has added so much to the office in other ways as well. He's bringing us into this century of technology (I even have a smart phone now). We know we will be transitioning to electronic medical records (kicking and screaming by me) in the next few years, and, don't hold your breath; we are planning a website for our practice. But, most important to me, Dr. Tardy is a friend who practices alongside me with common goals and commitments. Healthcare is changing and who knows where we will be in 5 or 10 years. Yet, despite the hassles of insurance companies, HIPPA, OSHA, and countless other regulations, I still love the practice of pediatrics. It continues to be a privilege to be your children's pediatrician and to watch your children grow into young men and women.

On the back of my door I have had a poster stating my purpose in practice, "I desire to provide your child with excellent healthcare, in a timely fashion, to the best of my ability and all to the Glory of God." The one single element in my day that causes me the most angst is causing you to have to wait to see me (at this time of year waiting 2 months to get a check-up slot or waiting in the office for 30 minutes to be seen). Several friends have asked me lately why, in general, you have to wait so long to see doctors. Though I'm sure they noticed the hairs on my neck stand up, it really is a good question. In my first year of practice I was at Methodist Hospital talking with another pediatrician in town. I was lamenting how hard it is to stay on schedule despite all my best efforts. His response to me was, "Give it up, you will never figure it out." Though I know I will never perfectly figure it out, I am committed to not "giving up," but rather to tweaking the schedule until I get it better. I really do respect your time and am truly sorry when you have to wait on me.

The honest truth is that there are 101 reasons that I can be behind and it seems like several of them happen every day (and this despite the fact that I do have catch up slots built into the schedule already). Sometimes a consultant doctor may need to update me about a patient; sometimes my nurse may need to ask me questions about a phone call; sometimes families are running late to their appointment. However, by far, the most common reason for delays is that I spent more than the allotted time with the patient prior to you. Though a family may have come in with a child with an earache or a simple well visit, there may have been a more pressing issue that they wanted to discuss. They have



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taken time out of their busy day to be in my office and then they have waited for me, so I take the extra time to address the issue. Though I may at times need to ask a family to schedule another appointment, most of the time I address the issue. I don't have a catch up mode (again, I do have catch up slots), so if I get behind it's hard for me to catch up. When I come into your room, I want to give you the same time and courtesy I gave the last patient, even if I'm behind. Though you have had to wait on me, I sincerely hope you don't feel I have rushed through our visit. Now, you may not want to hear me say this in terms of wait time, but I do believe that if I'm on time 100% of the time, I'm really not doing my job as I'm probably ignoring the more pressing concerns of the patient or parents.

I have made some observations this summer. Since my practice is 12 years old and my father has retired, I am seeing more teenagers for their "well visits." My current schedule doesn't allot for the amount of time I actually spend with these teenagers. Therefore, we are going to schedule patients 12 years old and older into longer "well visit" time slots that allow for the necessary time. One potential inconvenience in this scheduling is that I may not be able to see two teenage visits from the same family in back to back slots. I am also asking the staff who answer the phones to ask the nature of the visit when you call for an appointment (the front office staff will have more responsibilities; therefore all nursing questions will be directed to the back office nurses). We have learned by experience which visits may need more time, so this will allow us to plan for these visits up front. If you know your visit may take extra time, please let us know when you call to schedule. Finally, most of you know that I completely closed my practice to new patients last April, 2010. This was a hard decision as I do love newborns and walking with first time parents as they discover the joys and challenges of parenting. However, this has allowed Dr. Tardy, who I completely trust and respect with your friends' and families' children, to build his practice, and it has allowed me to be intentional in slowing my practice. Now, I know those of you who have tried to schedule a well visit in the past couple of months (before school starts) don't believe that my practice is slowing down. It will slow down in September. An important point to note is that March and April, and July and August are the hardest months to schedule well visits. So, call early or consider other times to do your annual visits. I anticipate re-opening to newborns next year (I will have been closed for 2 years at that point) and perhaps further opening my practice if we are forced to get off of Blue Cross Blue Shield (BCBS) insurance. Please be assured that we don't want to lose any of our BCBS families. Our hope is that if we are forced to get off, we could continue to see these families on different insurance plans (that is why it is important for you to talk to your employer about insurance plans), or through out of network benefits, or we would offer our cash discount.

Here are a few other commonly asked questions that I will try to address:

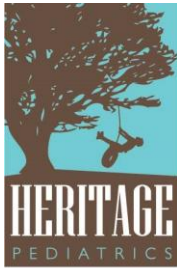


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- **Why should I get a flu shot every year?** You know I'm a big fan of flu shots. Influenza is the most common vaccine preventable illness of all those we vaccinate against. Not only can you feel miserable from the flu for a week, but also some children and adults can require hospitalization (often from pneumonia due to antibiotic resistant bacteria—remember that the next time we are considering why or why not to use an antibiotic). Flu shots have been given for decades, and we see very few side effects. Flumist (effective for about 12 months) arrives the first of August (It's Here!!—call to schedule your appointment for Flumist today), while the shot (effective for about 6 months) comes around the middle of September.
- **Why do I need to schedule a “well visit” every year?** In pediatrics we value preventative medicine. I believe that your child's health involves more than just their physical well-being. I also desire for your child to be healthy mentally, morally, emotionally, and spiritually. Though we may see your child multiple times each year for sick visits, we don't have the time at these visits to explore these other health issues. We allow double the amount of time as sick visits to discuss issues such as growth and development, nutrition, sleep, toilet training, discipline, school performance, extra-curricular activities and over commitment, the 2 L's and 2 H's, safety issues, peer pressure, puberty, and sexuality, among many other topics. If we tried to cover all that the American Academy of Pediatrics recommends, we would be in the room for 12 hours or more! This is another reason why we like to see your child each year so we can cover a few more areas. My personal observation is that I discover more health problems and social problems in those patients that I don't see on a regular, yearly basis.
- **Do I have to pay a copay on well visits?** As part of health care reform, well visits are covered at 100%. Insurance companies have been slowly phasing this in over the past year. So, starting September 1st, we will not be taking a copay for well visits. If your insurance company still requires one, you will be billed for the copay later. About 4 years ago, the American Academy of Pediatrics fought for coding changes involving well visits where additional medical issues were addressed. This allowed for both well issues and sick issues to be addressed at the same time and usually under the same copay. Prior to this, it was expected that the family would have to schedule an appointment at a different time which would require coming to the office on a different day (missing more work and school) and paying another copay. Please note that since you are not paying a copay for the well visit (I just discussed the routine issues we cover at well visits above), if extra time is spent at your well visit discussing other medical issues (like an ear infection, chronic abdominal pain or headaches, etc), your insurance company may expect you to pay a copay for the visit. If this is the case, you will receive a bill for the copay later.



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- **Why can't I schedule a well visit if it's been less than one year?** This all depends on your insurance. Some insurance companies will only let you schedule a well visit once every 12 months. Others will only let you do so once every calendar year, while others will only let you schedule one every 12 months from the issue date of the plan (for our office that is July 1st). Again, know your insurance plan (I have said this twice and I know it's so hard to understand all the fine details. I don't even know my own plan like I should, but we all have to do our best to know our plan) or give them a call if there are questions.
- **Why can't I schedule all 3 or 4 of my kids at the same visit (or two teenagers back to back)?** First, let me say that I'm sorry about this one. I know this becomes an inconvenience as you have to make multiple visits to the office. There are a lot of questions that are asked of me by my receptionist and nurses as I travel between patients. If I'm in a room for an hour, it is too long of a time to be out of touch with my staff. Additionally, we do know that last minute emergencies come up and appointments have to be cancelled. (We do charge \$25 for missed appointments but we do distinguish this from true emergencies that can't be avoided.) If an appointment with multiple visits is cancelled, we are left with a large chunk of time where we are unable to see patients who are potentially on waiting lists to be seen.
- **Why do I have to fill out paper work every time I come to a doctor's office?** We don't like doing all the paper work either. However, to make sure we process our billings correctly, we must have the right information. We have a different color demographic page for each family to fill out each year (that is, if you don't have the current year's color in your chart, we'll ask you to fill out a new one). You are also asked to initial our office and financial policies when you fill out the new information. Please feel free to take a copy of these policies home.
- **Why do I have to show my insurance card each visit?** Believe me, we dislike dealing with insurance companies as much or more than you do. Insurance is constantly changing. Even though you have the same insurance company, policy numbers or group numbers can change. Each insurance company has its own timely filing requirements. If these aren't met, they won't pay and you will be responsible for the charges. We do our best to check eligibility, but ultimately it is your responsibility to know your insurance and get us the correct information when you arrive.
- **Why do I have to pay my copay at the time of service for a sick visit?** Per your contract with your insurance company, you are expected to pay your copay at the time of service for any sick visit. Your insurance company pays us based on the fact that they assume you have paid your



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copay. So, this is an insurance requirement. We know that sometimes your children will come with other caregivers. Please arrange to send your copay with the caregiver so we can remain compliant with your insurance company.

- **Why do I have to take my child's dirty diapers home as opposed to throwing them out in the office?** Sorry about this change as I know this is different from the past. There are two reasons. First, the practical reason is that dirty diapers start to smell in the office. I honestly don't notice but some with more sensitive noses than me have noticed an odor coming from the boy's rest room. Second, our OSHA compliance officer said we would have to completely change our trash disposal procedures in the exam rooms if we continue to dispose of diapers in the rooms. More regulations. Sorry for the inconvenience.
- **Why can't I email you my questions?** Those of you, who know me, know I'm not slow in returning emails. However, I do not like this form of communication for medical issues. You know I ask a lot of questions which require answers, which then lead to more questions. For my style, email is not conducive to addressing questions. Also, I learn a lot from the tone of the parent's voice on the phone. So, I'll never say never, but I don't anticipate that email will be a form of communication for my practice.

Ok, that was a lot of information, and I'm not sure how many of you actually got to the end of this letter. Hopefully it was helpful and addressed some of your questions or concerns. Again, it is my joy and privilege to continue to care for your children. I look forward to the next 30 years (that would make me 72, which is when my dad retired) which hopefully means caring for a lot of your grandchildren.

Sincerely,

John T. Fitch, Jr., M.D.