



## **OFFICE POLICIES**

We want to take this time to welcome you to the practice. It is our desire that our Doctor-Patient relationship be beneficial to us both. In doing so, we find it necessary to make you aware of policies essential to your treatment:

### **Physician Medical Advice:**

We appreciate your choice in us & want you to be assured that the physician has your best medical interest at heart. Therefore, it is necessary that all advice given be adhered to in order to prevent future illness and/or death.

**These are some of the guidelines that we would like to address at this time to make this a mutually productive encounter.**

### **Preventative Examinations and Procedures:**

- Any exams/procedures that are requested of you as a patient require your cooperation/understanding. Various medical societies set guidelines which we strive to follow to prevent cancer, heart attacks and other deleterious health outcomes like death. In the event that you do not complete these tests, we must require you to sign a waiver to that effect.

### **Pharmacy & Refill Policy:**

- If at any time, you are treated by another physician or specialist, in order to have continuity of care or to prevent drug interactions, it is necessary for you to make us aware of that treatment and any medications given &/or tests performed.
- You are asked to bring all medication bottles with you to every visit. If you are seeing a specialist, you are advised to check the medication dosages & quantities before leaving the office or pharmacy. In the event that something is incorrect, please give us &/or the pharmacy adequate time to correct. It is very important that you let us know. Please do not take the medicine until it has been discussed with us, as it could lead to serious health complications including death.
- Refills, if called in between visits, may take up to 3-7 days if it is a local pharmacy & 2 weeks for mail orders so please call your pharmacy or the office 1-2 weeks in advance.
- You will be asked to sign a pain management contract for narcotic pain medication (DEA controlled substances). Any breach thereof is possible grounds for dismissal from the clinic.

### **Appointments:**

- For physicians and patients alike; time is precious. Therefore, we ask that you keep all follow-up appointments or call 24 hours prior to reschedule.
- There may be an occasional emergency that may result in longer wait times for scheduled appointments in which we do apologize & you are more than welcome to reschedule (wait times of 30-60 minutes may be expected).
- If you miss an appointment, the office staff will attempt to reschedule your appointment. Not responding to our calls or letters and having more than 2-3 unexcused missed appointments may result in dismissal from the clinic.

### **Days of Operation:**

- Our office is open Monday through Friday. Should you have an emergency over the weekend or during our off hours and need medical care, please go to your choice of emergency room as we do not have an answering service during off hours, the weekends, or holidays. We try to open for partial days during long weekends to help in emergencies, subject to staff availability.

### **Labs and Test Results:**

- Office staff will attempt to reach you by phone in order to relay lab and/or test results. If you don't hear from us in 2-3 days, it is then your responsibility to contact the office in order to obtain those results.

## **FINANCIAL POLICY**

***Payment is required at the time services are provided,*** unless other arrangements have been made in advance. We accept cash, personal in-state checks, and VISA, MasterCard, Discover and American Express credit cards, as well as Apple Pay and Google Pay. There is a \$35.00 service charge for returned checks. However, no checks will be accepted for an initial visit.

**INSURANCE:** We participate in many managed care plans and will bill your insurance plan, per our contract. If we do not participate with your managed care plan, payment in full is required at the time of service. Knowing your insurance benefits – including eligibility, covered benefits, and medically necessary procedures is your responsibility; please contact customer service at your insurance company for questions you may have regarding your coverage.



***You are responsible for any services not covered by your plan.***

- Proof of Insurance. All patients must furnish valid and up-to-date proof of insurance coverage and a copy of your driver's license. If you provide false or expired insurance information you will be responsible for the balance of the claim. Please notify us of any changes in insurance coverage prior to time of service. Insurance denials for termination of coverage will be automatically billed to you.
- Co-payments and deductibles. All co-payments must be paid prior to time of service. Deductibles and co-insurance will be calculated as best we can at check out. By contractual law, protection of your insurance benefits requires us to charge for, and you to pay for, all required co-payments, co-insurances, deductible and non-covered services. Some plans have a copay only for sick visits, and a deductible for other services, e.g. labs, immunizations, procedures.
- Claim submission. We will submit your insurance claims and assist you in any way reasonable to help get your claim paid. Your insurance company may need you to supply information directly to them. It is your responsibility to comply with their request in a timely manner. Texas insurance law requires your insurance company to provide timely payment. Please be aware that the balance of your claim is your responsibility to pay whether or not your insurance company has paid. Your insurance is between you and the insurance company.
- Responsible Party. The adult patient is the responsible party for services rendered. If the patient is a child, the parent bringing the child to the appointment is responsible for all co-payments, co-insurances, and outstanding balances. We will provide a receipt of payment in order that retrieval for payment can be refunded to the paying parent.

**OTHER SERVICES, CHARGES AND PATIENT RESPONSIBILITIES:** Insurance coverage generally does not include coverage for many administrative services, such as requests for information, prescription refills or after-hours medical consultation. The following services may have an administrative services charge that will be billed directly to you and are your responsibility for payment. Our practice is committed to providing the highest quality of service to our patients while keeping our charges for administrative services at or below the usual and customary charges of other medical practices in our area. All such administrative fees must be paid prior to scheduling future appointments.

- Prescription authorizations. We will honor prior authorization requests from the patient only, but the patient will be responsible for contacting their insurance company to have them forward the prior authorization form to our office. The patient will need to ask their insurance plan what "alternative medications" are covered by their plan. Medication changes will not be done over the phone; if a medication change is requested, the patient must see the physician.
- Form and letter completion. All forms requiring medical review and physician signature – including school, day care, and camp physicals, prior authorizations, FMLA, disability, ESA letters or other paperwork – will be subject to an administrative fee. Administrative fees may be waived if the patient has a scheduled appointment in conjunction with forms completion.
- Requests for medical records. In accordance with Texas law, Prime Medic PA requires written requests for the release of medical records. The administrative fee associated with copying medical records is based on current Texas law, which allows up to 15 business days to get the requested copies to you. Please take this into consideration when requesting copies of your medical records. Expedited copies will be charged an additional fee.

**All patients must acknowledge their understanding of and agreement to follow these Office and Financial Policies by signing the Authorization and Acknowledgement section of the Patient Information Form before establishing care with Prime Medic, P.A. Except in emergencies, services may be denied if a patient declines to agree to these policies. A copy of the current Office and Financial Policies may be requested at any time.**



## **PATIENT PRIVACY NOTICE**

*Effective: April 14, 2003*

We are committed to preserving the privacy of your personal health information. In fact, we are required by law to protect the privacy of your medical information and to provide you with notice describing:

### **HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN ACCESS THAT INFORMATION.**

We are required by law to have your written consent before we use or disclose to others your medical information for purposes of providing or arranging for your healthcare, the payment for or reimbursement of the care that we provide to you, and the related administrative activities supporting your treatment.

We may be required or permitted by certain laws to disclose your medical information for other purposes without your consent or approval.

As our patient, you have important rights related to inspecting and copying your medical information that we maintain: amending or correcting the information, obtaining and accounting of our disclosures of your medical information, requesting that we communicate with your health information and stating complaints if you feel that your rights have been violated.

We have a detailed Notice of Privacy Practices which fully explains your rights and our obligations under the law. We may revise our notice from time to time. The effective date at the top of the page indicates the most current Notice in effect.

You have the right to receive a copy of our most current Notice in effect. If you have not yet reserved a copy of our Notice, please ask the front desk receptionist and it will gladly be provided for you.

If you have any questions, concerns or complaints about the Notice of your medical information, please contact:

**Office Manager at Prime Medic P.A.**

**281-592-8622**