

Practice Guidelines and Patient Financial Policies

(Please carefully read all the important points below and initial on each line agreeing to the terms. If you have any questions you can ask the front staff.)

Initials

_____ **Emergencies:** Call 911 to get immediate care, please then notify our office.

_____ **Financial Responsibility:** By these initials and your signature below, you accept financial Responsibility for all charges for services rendered to you at the time of service.

_____ **Payment methods:** We accept payment in the form of: Cash, Discover, Visa, and Master Cards only. Reception staff may be contacted with questions regarding which credit cards are accepted or which insurance companies are in network with our office. **Checks will NOT be accepted.**

_____ **Appointments:** We do schedule same day and walk-in appointments for acute problems or if providers feel like it is necessary. Appointments can be scheduled/requested through our website, our portal and Facebook. The need for same day and walk in appointment times are made based on a triage by providers and office staff. It is your responsibility to inform office staff about your complaints at the time you are scheduling your same day or walk in appointments. Minors must be accompanied by a parent or guardian to be seen. If patient is a minor or is under guardianship, the parent or guardian accompanying the patient assumes the liability for the cost of the visit. **We require a minimum of 24 business hours' notice (or by 10:30am on Friday, before a Monday appointment) cancellation as a courtesy to other patients seeking services. If an appointment is scheduled on a day following a holiday that the office observes, the patient must call the office during office hours prior to the holiday to cancel or reschedule the appointment to avoid a no show fee. A fee of \$25-\$100 will be charged (depending on type of appointment) for appointments not cancelled more than 24 hours in advance. More than two consecutive missed appointments will result in dismissal from our practice.**

_____ **Patient Portal:** We encourage all of our patients, with access to a computer and email address, to use our patient portal. It provides the ability to manage your patient record, request refills, and communicate with office staff and providers online. Ask our staff to "**web enable**" you to give you access to the patient portal with a valid e-mail. You can ask any of our staff members for more information about accessing and using the patient portal.

_____ **Prescription Refills:** It is our policy that you should be responsible to know when your Medications must be refilled at least a week before you run out. We prefer medications are refilled only at the patient visit or when requested in advance through your pharmacy. This includes all mail-order prescriptions. We do not take refill requests over the weekend, or after hours. It is your responsibility to know when you will be out of your medication and call the office during office hours for refill requests. **Please allow 48 hours for your refill request over the phone to be processed. We do not refill any controlled medications over the phone.** All controlled medications will only be filled during a regular office visit. Prior Authorizations will only be completed if medically necessary. We will not complete prior authorizations for medications that are preferred by the patient. **It is your responsibility to know what medications are and are not covered by your prescription drug plan.** We will not call pharmacies or insurances companies to find out this information.

_____ **Telephone Encounters and Sick Patients:** Our practitioners do not treat **new patients** or new

Illnesses over the telephone unless necessary. The provider may elect to treat an existing patient seeking continuing care for an existing straightforward illness over the telephone during office hours, after office hours, or on weekends. Some insurance companies may not even cover the costs for these encounters; therefore payment for these services is your responsibility and will be collected at the time of service. To avoid extra fees, provider permitting may schedule you an appointment to be seen.

If you are sick and happen to call within in or after office hours, which includes holidays and weekends, the provider will return your call within 24 hrs.

Information: You agree to provide your correct Name, current and correct Address, cellular or Other Phone number, Email address, Insurance information, Social Security number, Drivers License or Picture Identification at the time of registration or as requested by the practice at any Time. As a courtesy the practice will remind you of your appointment the day before. **Missing/ Canceling appointment without 24 hour notice will result in a no show fee of \$25.**

Language and Handicap Barriers: We request that you let us know of any language barriers prior to your visit. We have office staff that can speak English, Spanish, Hindi, and Gujarati. If your language preferred is a language other than those above, we request that you bring a translator over the age of 18 to your visit. If you have hearing, vision, or speech handicaps, we request that you let us know and bring appropriate accompaniment to your visit.

Referrals/Procedures: Please allow 10 days for any referrals scheduled from our practice. Patients will be notified of any procedure results within 48 hours of receiving results from the Radiologist or Diagnostic center, unless it's a holiday or weekend.

Form Fees: Our practice charges for additional paperwork outside of the completion of the medical record. The following fees apply and are subject to change without notice:
(a) single page forms - \$25 (b) multi-page forms and Immigration - \$50-\$250 (c) single page FMLA, disability, and DMV forms - \$25. Additional fees may apply at the discretion of the practice and upon notification to you.

Medical Records: Your medical chart is the property of the practice. However, copies of your pertinent medical information are available upon request. Additional fees may apply depending on the number of copies and number of pages.

Insurance Copayments, Deductibles and Coinsurance: Insurance companies may not cover the entire cost of your visit. They may exclude certain services form coverage. It is your responsibility to understand your benefit coverage. You are responsible to know what services are and are not covered. You should also know your copayment and deductible coverage as well. All copayments, deductible, coinsurance, and noncovered services are to be paid before services are rendered. If requested, and as a condition of service, you agree to sign an advanced beneficiary notice if we determine necessary or question your insurance coverage. You accept responsibility for all such expenses even if your insurance company is billed as a courtesy.

Slow Insurance Response: You agree that if your insurance company takes more than 60 days to respond to your insurance claim, we shall consider your services your financial responsibility. It will be your responsibility to seek reimbursement from your insurance company after paying us.

Statement Policy: Our office sends patient statements for accounts with a balance of \$20 or more. Payments are due upon receipt of the statement. You understand that if we participate with your insurance company, the sending of a statement may be delayed until your insurance responds to a claim for services. Such a delay can take months. You understand that such a

delay does not alter our policy of patient financial responsibility, and you will be liable for all service fees. We request that patients call the practice before their appointments to inquire if they have a balance because all balances will be due at the time of service, not just a balance over \$20.

_____ **Patient Discharge/ Dismissal:** The practice reserves the right to discharge a patient for any reason. Please note that discharge may occur for failure to meet our obligations outlined under this document. In addition, the practice may discharge you for repetitive failure to comply with treatment plans as outlined by our practitioners. You may also be discharged in response to rude or disruptive behavior directed toward office staff. This includes cursing.

_____ **Insurance Claims:** If applicable, our office will submit insurance claims. You agree to allow our practice to “accept assignment” of benefits and receive payment directly from your insurance company. In the event your insurer sends payment for a claim from our office to you directly, you agree to endorse the payment to our practice in fulfillment of any amounts due within 10 days of postmark.

_____ **Annual Wellness Exams:** It is our office policy that you must have a Wellness Exam at least once a year. Please bring all your medications with you to this visit. During this visit, we want to make sure all your medications are updated and to see if you had seen any other physicians prior to this visit. In addition to this, we will be updating your medical history, which will include any past surgeries you may have had. **This visit will not address any acute problems you may be having at the time.** If you have any questions please feel free to call the office. If you need to reschedule please allow 48 hour notice to avoid a no show fee of \$50.

You can also go to our website www.westsidinternal.com to access your patient portal or if you have any questions about our practice and our PCMH recognition. The website also has a lot of resources and self -help tools for your convenience.

I have read and understand all the terms of this policy and by my initials on each line and my signature below, I attest that I fully understand each item and agree to the terms above.

Signature _____ **Date** _____

Printed Name _____