

## POLICIES AND PATIENTS RESPONSIBILITIES

- 1. Appointments:** Please arrive on time for your visit as a courtesy to our staff and other patients. If you need to cancel, we require notification by 7:00 PM on the day prior to your visit to avoid being subject to a \$50 missed appointment fee.
- 2. Insurance:** If your health plan requires you to select a primary care physician (PCP), you must contact your insurer prior to being seen in our office, and inform the plan that you are selecting Dr. Sloan A. Robinson, M.D., or Dr. Ronaldo de Guzman, D.O. or Dr. Farah Roomi, M.D. as your PCP. Your plan is likely to withhold payment if this is not done by the day of your visit. We file claims directly for any health plans in which we participate. For any plan in which we do not participate we will print out insurance forms which you will need to send directly and you may be responsible for payment. Be sure to tell us at the beginning of your visit if there has been any change in your coverage or if you have received a new card. If you do not give us the correct insurance information, you are likely to be held financially responsible for all visits.
- 3. Non-covered benefits:** Health insurance does not cover all services. This applies to Medicare as well as to supplemental insurance. Services that may not be covered include: medications, cosmetic procedures, immunizations, splints, and certain screening and preventive procedures including annual physicals. Make sure that you read your benefits handbook or coverage statement thoroughly to understand what services are and are not covered. If we provide a medical service to you that is not covered, we will expect payment from you. We will try our best to inform you of this in advance, but we cannot be responsible for knowing what is and is not covered by your health plan and cannot create a diagnosis for the purpose of insurance coverage (see paragraph 12). Coverage within health plans will vary depending on what services your employer chooses to cover.
- 4. Coordination of benefits:** Many people are covered by more than one health plan. As a courtesy, we do our best to submit to the primary and secondary carriers; though ultimately, this is your responsibility. Medicare submits automatically to supplemental insurance, with a few exceptions. Medicare patients must be sure to set up the automatic crossover, if it is not already done.
- 5. Co-pays, coinsurance, and deductibles:** Co-pays are due prior to receiving care. At times, the co-pay is covered by the insurer for specific services. When we receive insurance payment with an explanation that the co-pay was not required at that visit, we credit your account or at your request, send you a refund.

Coinsurance is the percentage of allowed charges paid by the patient, typically 20%. This will be reflected on your statement. The deductible is the initial amount that a subscriber must pay each year in allowed charges before the insurer begins to pay. For Medicare, the annual amount is \$135. All allowed charges below the deductible threshold are your responsibility. Since there is often a significant period of time elapsed after your visit until we receive the insurance company's statement indicating the portion of the bill that is the patient's responsibility, please pay your bill promptly when you receive our statement. If you have any questions about the statement, please give us a call.
- 6. Cell phones:** While we allow patients to use cell phones in the reception area, we ask that you remain sensitive to others by keeping these calls brief and quiet; you must turn off your phone before entering the exam room.
- 7. Referral requests:** We will try to process referral requests expeditiously. We process our referrals via the Internet for Aetna, Horizon, and Oxford and you will see your referral on the portal, which you can print out to bring with you. If the specialist's office has questions, the specialist can verify the referral electronically or by phone to the insurer. We do not fax to specialists.

## **POLICIES AND PATIENTS RESPONSIBILITIES (Continued)**

- 8. Refills:** Remember to tell the doctor if you need refills for medications. Also, be sure to tell him/her if you are pregnant or are breast feeding. We ask you to contact your pharmacy at other times for refills. You may, also request refills on the patient portal.
- 9. Lab and x-ray results:** Your test results are sent by mail, portal, or phone. We may leave the results on an answering machine if there is a greeting that verifies that it is your phone. Otherwise we will just state 'Call Meetinghouse Family Physicians office'. Per the new Federal HIPAA law, no results or other health information can be left with your spouse or anyone else, without signing to allow us.
- 10. Portal:** We encourage contact by portal to request appointments, medication refills or referrals. You will be given a form to complete in order to use the patient portal. We do not offer medical advice via email.
- 11. Completion of forms:** Completion of forms is a service that is not paid by health insurance. There is a \$10 fee for the completion of most forms. There is no charge for the reports we generate for your care by other health care providers.
- 12. Billing, coding, and documentation practices:** We complete our medical records and submit claims to insurers based on the medical diagnosis and the specific treatments/services performed. We always strive for accuracy. If we have made a mistake, we will re-file the bill. We will not, however, alter our coding and medical record for the purpose of obtaining payment from an insurer or to assist a patient with a work, disability, school, or other matter when doing so would not be truthful.
- 13. Medical records:** The fee for records given to patients is \$10 for up to 10 pages and above that \$1/page to a limit of \$90.