

PATIENT ACKNOWLEDGEMENT OF PRACTICE POLICIES

Prescription Refills: It is our policy that you should be aware of your medications and when they will run out. Refill requests should be made through your pharmacy or at your visit, including mail order prescriptions. Weekend, walk-in or after hours refill requests cannot be honored. All refill requests may require up to 48-72 hours to address. All requests after 3:30 are considered the following business day. A follow up visit is often required prior to additional refills. Refills requested outside of routine appointments may incur a \$10 refill charge that may conveniently be paid by phone. This fee helps cover administrative fees associated with chart review per your refill request outside of an office visit. ALL controlled medication refills outside of an office visit WILL incur a \$10 charge.

Prior Authorizations: Many prescribed medications require prior authorization (PA). If your medication is denied, our staff may attempt this approval process for a \$25 fee. Otherwise you may find an alternative medication then contact this office for review.

Pharmacy: By signing this document, you agree to disclose all medications and pharmacies that you currently use. Also, you give permission to Arbor Place Family Medicine to obtain medication history and to conduct pharmacy searches.

Appointments: There may be times your treatment will be provided by a Nurse Practitioner rather than Dr. Varughese without prior notification. Your appointment time has been set especially for you. A minimum 24 hour notice is required for appointment cancellation as a courtesy to other patient's seeking services. The first failure to comply with the cancellation/rescheduling policy will incur a \$25 fee. The second failure to comply will result in a \$50 fee. Additional no show occurrences will also incur a \$50 fee and may result in "same day" scheduled appointments or possible dismissal from the practice.

FINANCIAL RESPONSIBILITY

Insurance co-payments, deductibles, and coinsurance: We will file in-network insurance claims as a courtesy. All insurance policies are different and many have separate fees or exclude certain services. It is your responsibility to contact your insurance company and determine coverage for services. You have the right to decline any service before it is performed. All co-pays must be paid at the time of service. If your deductible has not been satisfied for the year, you must pay the estimated OV allowed amount for your plan. Accounts with a history of slow payments, may be required to pay for the visit in full if the deductible has not been met at the time of service. All claims to your insurance should be paid in a timely fashion. If insurance does not pay promptly, charges will be transferred to patient responsibility. If requested and as a condition of service, you agree to sign an "advance beneficiary notice" if we determine or question your insurance coverage. You accept responsibility for all such expenses even if your insurance is billed. You agree to allow Arbor Place Family Medicine to "accept assignment" of benefits and receive payment directly from your insurance company. In the event your insurer sends payment of a claim to you directly, you agree to endorse the payment to the practice within 10 days of the post mark. By signing this form, you accept all financial responsibility for charges for services rendered.

Slow Insurance Response: You agree that if your insurance takes more than 60 days to respond to the claim that we shall consider your services your financial responsibility, and it will be your responsibility to seek reimbursement from your insurance company. Late fee charges may be applied.

Accident & Worker's Compensation: If the diagnosis for which you seek treatment is related to an auto or work related accident, we are willing to treat your medical conditions. However, you are required to pay in full at the time of service.

Patient Balances: Payment is expected immediately upon request. For your convenience, we accept cash, check, and several major credit cards. Payments may be made directly by phone. Any balance due



must be paid in full before additional appointments will be scheduled. Prior arrangements must be made with the billing department if a payment plan is requested. Appointments and medication requests may be delayed for failure to pay an outstanding balance. Interest charges will accrue to balances not satisfied within 30 days from the time of service. If we have filed a claim to your insurance company on your behalf, your statement may be delayed until your insurance responds. Such a delay can take months. The delay does not alter our policy of patient financial responsibility, and you will be liable for all fees and interest incurred for late payments.

Form Fees & Protocol: Our practice charges for additional paperwork outside of the completion of the medical record. This includes but is not limited to forms such as FMLA paperwork, disability forms, work release, adoption paperwork, and patient assistance forms. Paperwork may not be dropped off. An office visit is necessary and required for all documents to be completed, and it is the responsibility of the patient to have the paperwork in hand at the time of the visit. The provider may require additional time for completion, and a call will be placed to the patient when the paperwork is ready to be picked up. A standard work or school excuse may be issued at no charge if requested at the time of the visit.

Referrals: Referrals may be necessary by your insurance company for various reasons. If you need to seek treatment from a specialist, be aware that insurance referrals require 3-4 business days from the day of your request. Same day referral requests will not be honored to be fair to all patients. Complete information is required to include the name and location of the provider, the reason for seeking treatment, and any pertinent information required by your insurance company. It is the responsibility of the patient to keep up with their referral details and number of authorized visits.

Medical Records: The medical record is the property of the practice. Copies of your medical records are available with proper authorization upon request. The practice utilizes an outside vendor to handle all medical record requests, and may require up to 30 days to complete requests. Medical records may not be released for patient's with an outstanding account balance.

Release of Information: By signing this document, you give Arbor Place Family Medicine permission to release relevant medical information to your insurance carrier and/or outside laboratory services in addition to any referrals.

Patient Discharge: The practice reserves the right to discharge a patient for any reason. Please note that discharges may incur for failure to meet your obligations under this document. In addition, because of care quality considerations, the practice may discharge you for failure to comply with treatment plans as outlined by your provider.

By signing below, I understand and agree to Arbor Place Family Medicine practice policies.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

RELATIONSHIP TO PATIENT IF NOT THE PATIENT: _____

PATIENT UNABLE TO SIGN BECAUSE: _____

WITNESS: _____ DATE: _____