

South Austin Medical Clinic- POLICIES-PROCEDURES

- **Please provide any change in your information (address, phone, insurance, etc.) when you check in.**
- **Financial:** Understand your financial responsibility. We request that payment be made at the time of service. Filing insurance claims is a courtesy and we will gladly do this for our patients. Copays and deductibles are not billable and are due at the time of service. Please call the 800 - telephone number on the back of your insurance card to verify if we are providers in your insurance carrier's network. It is your responsibility to change the Primary Care Physician to our practice and/or obtain a proper referral. It is your responsibility to notify us of any changes in your insurance coverage. It is your responsibility to bring your current card to each visit. If we do not have your insurance card within 3 business days of your appointment, the cost of your visit will be your responsibility. Extended family members bringing children in must pay copays/deductibles just as if the parent brought them in. In cases of divorced parents, the parent bringing the child to the visit will be deemed responsible for payment. Our office does not become involved in custody disputes over which parent is the responsible billing party. It is your responsibility to know the clauses and exclusions in your insurance policy. Not all immunization or annual physicals are covered and it is the patient's responsibility to know their benefits.
- **Medicare:** As of January 1, 2007, the physicians here are participating with Medicare. But, not all physicians here are accepting new Medicare patients. Please let us know if you have a secondary insurance. We will be glad to file your secondary if we are contracted with them. We do not file third party insurance carriers.
- **Medicaid:** At this time the practice physicians are not accepting new Medicaid patient. Any established patient currently on Medicaid must present a valid, current proof of coverage each visit.
- **Workmen's Compensation:** We do not participate in this insurance plan or manage on the job injuries.
- **New Patients:** Please arrive 30 minutes before your appointment time to fill out paperwork. New patients who do not show up for their appointments and do not call to cancel will not be allowed future appointments.
- **Appointments:** Please call at least 24 hours in advance to cancel your appointment. We reserve the right to reschedule any patient who arrives late for his/her appointment. Excessive "No Show" on appointments can result in discharge from our practice. We work hard to stay on schedule, so we appreciate our patients' punctuality. We ask that you arrive 15 minutes before your appointment time if you are scheduled for a physical exam, or if you need to update your registration or insurance information.
- **Telephone Calls:** If you wish to speak to a doctor or nurse, you will be asked your name, birth date of patient, name of patient and other pertinent information. The doctor or nurse usually makes return calls after the morning, afternoon or evening patients have been seen. Please tell the telephone staff member if your call is an emergency and the nature of the emergency.

- **Medical records:** We must have a Medical Records Release of Information signed by you for records. Please allow a 24-hour notice for SHOT records. There is a prepayment charge for copying and sending complete chart records when a patient leaves the practice. There is a charge for copying any X-rays leaving the practice. FMLA paperwork requires an office visit and/or a \$30.00 fee. Please allow 5 business days for completion.
- **Referrals:** We have a Referral Coordinator who will gladly assist you with any referrals to other physicians. Please give 24 to 48 hour notice before making any appointments. Please give the appropriate insurance information, physician appointment information and diagnosis information.
- **Labs:** Some insurance plans require the use of special reference labs. Please inform your nurse should your insurance carrier require the usage of specific ancillary facilities (labs, x-rays, etc). Failure to inform your nurse may result in denied charges by your insurance company as service provided by a non-participant facility. All Pap smears, tissue specimens and lab studies are sent to a reference laboratory. The reference lab will bill you or your insurance carrier directly. Questions regarding these bills should be made directly to the billing entity. We draw blood in our office as staffing permits. There is a charge for phlebotomy and specimen processing. This is a nurse visit and copays are payable at time of service. You can of course request an appointment to see your physician and have your labs drawn. If you do not wish to pay the nurse visit copay, you may request an order and proceed to your participating laboratory for the lab draw. If you missed your labs during a recent Annual Physical Examination by your physician, you have 10 business days to have the labs drawn here with no copay/office visit charge.
- **Refills:** DO NOT wait until the last day to request refills on prescriptions. Requests for refills will be handled within 48 hours. **NO refills of narcotics or benzodiazepines by the on call doctor after hours.** The quickest, most efficient way to request a refill is to ask your pharmacy to fax a request. ADD/ ADHD medication prescriptions must be picked up in person and there is a charge for this prescription. If you participate in a Mail Order drug plan, please inform your physician at the time of your exam or office visit. Refills for mail order or preferred pharmacy require an office visit.
- **Discharge from the Practice:** Patients can be discharged from our practice for the following reasons, 1) Excessive "no-showing" on appointments, 2) Non payment of services, 3) Abusive actions or language towards the physician or staff members, and 4) Abuse of prescriptions/medications.

I have read the above and understand the office policy stated above and agree to accept responsibility as described. I authorize the release of medical or other information necessary to process all insurance claims. I also authorize payment of medical benefits to South Austin Medical Clinic, P A for services provided for me and my dependents.

Signature of responsible party

Date

Patient Name

Office use: _____
Account#

Renewal Date