



Patient Guide to Services

Types of Services Available

We are able to provide all your basic medical care including: complete physicals, well baby care, Pap Smears, X-ray, Sigmoidoscopy. Vasectomies, Holter Monitor, ECG, Body Fat Analysis and various lab tests. We are, also, able to provide Osteopathic Manipulative Treatment for those with muscular skeletal problems. For your convenience we are listed as primary care providers for most major insurance companies.

Office Hours

Office hours are 8:00 a.m. to 5:00 p.m. Monday through Friday. Appointments need to be made in advance, however, in an emergency every effort will be made to arrange for care as soon as possible.

Cancellation of appointments requires 24-hour advance notice so we can use your time slot to accommodate other patients. If you fail to give 24-hour notice you will be charged as follows:

Regular Appointment - \$10.00

Extended Appointment - \$25.00

Missed appointment charges must be paid before your next visit. More than 3 missed appointments may result in discharge from the practice.

Telephone Calls

To reach the doctor or Nurse Practitioner during office hours, you will need to work through one of the office staff so we can limit interruptions of the patients being seen. Please leave your message on the voice mail and we will return your call as soon as possible. Making calls to the office early in the day helps us handle them more efficiently. If the office is closed, you may contact the emergency number provided. Emergencies should be of a nature that you cannot wait until the office reopens. If in doubt, do not hesitate to call.

After Hours Calls

Calls other than those to authorize emergency room care, Urgent Care Center care or admittance to a hospital will be charged at the following rate:

Weekdays before 10:00 p.m. - \$10.00

Weekdays after 10:00 p.m. - \$25.00

Weekends - \$25.00

Prescriptions

No medication will be filled over the phone. You must make an appointment to get a written prescription. We will provide adequate refills to see you through to your next check up. You are responsible for making your next appointment well in advance of your last refill running out.

Referrals to a Specialist or Treatment Center

You must **contact our office several days prior to the date you need the referral**, so we have time to set it up. If your insurance carrier requires a referral from your Primary Care Provider prior to a visit to a Specialist or Treatment Center, they may refuse to pay your claim if you do not comply. Our Referral Coordinator, not the doctor, submits referral requests to the insurance company.

Financial Policy

Verification of Insurance:

We must have a current copy of your insurance card or medical coupon. You will be asked to sign a form, which allows benefits to be paid to the office directly. If insurance coverage is not verified, payment in full is required for all services. If you change companies it is your responsibility to inform us of the new insurance information and to make us aware of any family members it will affect.

Co-payments:

A \$5.00 service fee may be charged to cover billing costs for a co-payment that is not received at time of service or you may reschedule your appointment.

Statements:

Even though an insurance claim is filed, you will receive a statement each month if your account has a balance due. We cannot accept responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim. Should your insurance company delay payment, we expect payment in full from you and to have your insurance company reimburse you.

Past Due Accounts:

Because the patient is personally responsible for their bill, we do require a monthly payment on all accounts with a balance, in addition to any insurance payment received. If you are unable to make a payment, please call the bookkeeper to keep your account current. **A \$5.00 late charge is applied to all account balances over 60 days.**

Overpayments:

If a credit balance results from overpayment by both insurance and the patient, a refund will be issued to the appropriate payer within a month's time.

Patient Information Forms

The patient information form provides us with essential background information. You also need to sign the authorization for release of medical information to your insurance company and an authorization for the insurance company to pay the doctor directly. Also needed is a Patient Medical History Form. Please fill this out as accurately as possible. All information given to us is strictly confidential. No information will be released by our office to insurance companies other than your own, family members or other parties without your written consent. **At each visit, please keep our staff informed of any changes in address, phone numbers, or insurance carrier for yourself and any other family members the changes apply to.**

If you have any questions, we would be happy to discuss them with you. We value you, as our patient, and will continue to provide you with our best professional care.

Please Print Patient's Name Clearly

Patient or Guardian's Signature

Date