

## Beargrass Family Medicine, PLLC

### Appointment, Citizenship and Financial Policy

Our goals at Beargrass Family Medicine are to deliver you the best primary care service possible and to help you maintain and improve your health. Informing you of our office policies in advance is meant to ensure excellent communication and enables us to meet the needs of all of our patients to the fullest degree possible. Please read each section carefully and initial to acknowledge that you have read and understand the information. If you have any questions, please ask any staff member.

#### Good Citizenship

We are a small, independent family medicine practice with just 2 physicians and a small number of staff members. We believe this allows us to be nimble and to deliver compassionate, personalized care you won't find elsewhere. We are on your side. We ask that you treat each and every staff member with respect and kindness. We reserve the right to dismiss you from this practice if you, your family member(s), or guardian(s) exhibit behaviors on the clinic premises or toward our staff including but not limited to:

- Violence, intimidation, attempts at or threats of bodily harm;
- Harsh, insulting, abusive, racist or demeaning language;
- Sexual or other harassment toward staff;
- Abuse of our communication systems (telephone, patient portal); OR
- Repeatedly missing appointments without advance notice.

In the event of a dismissal, we would provide formal, written notification and would send your records to a new primary care office of your choosing.

#### Appointments

1) We have intentionally designed our schedule to do primary care properly and give everyone the time needed to address their concerns. We do not double book appointments. If you are not able to keep an appointment, we ask that you let us know at least 24 hours in advance so that we can give that slot to someone else. Broken appointments represent a cost to us and an opportunity cost for other patients who are in need of primary care services. If you miss an appointment and do not call us **before** the scheduled appointment time, we will bill you a \$25 fee. Insurance does not cover this fee. We reserve the right to make exceptions in the event of emergencies.

2) If you late for your appointment, we will do our best to accommodate you but cannot make any guarantee that we can fit you into the schedule. On certain days it may be necessary to reschedule your appointment.

3) We strive to minimize any wait time. However, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.

### **Insurance Plans**

1) It is your responsibility to keep us updated with your correct insurance information. If the insurance company you designate is incorrect, you will be responsible for payment of the visit and to submit the charges to the correct plan for reimbursement.

2) We ask that you notify your insurance company that your doctor at Beargrass Family Medicine is serving as your primary care physician. If your insurance company has not yet been informed that we are your primary care physician, you may be financially responsible for your current visit.

3) While we will strive to help you navigate this very complex healthcare system, it is your responsibility to understand the details of your insurance plan, including which services are covered, in-network providers, and participating laboratories and imaging facilities. For example, your insurance plan may not cover a service such as removal of skin tags, may set limits on the number of visits or tests you may have in a set period of time, or may require prior authorization to see a specialist or obtain a test.

### **Referrals**

1) We ask that you provide us with advance notice of at least 3 business days for any non-emergent referral you request from us. We must review and approve any referrals before sending them out.

2) It is your responsibility to know if a selected specialist participates in your plan.

### **Financial Responsibility**

1) If you have insurance in which our practice participates, we will ask to review your insurance information before each visit. Please bring your insurance card with you to all visits. We submit all charges to your insurance company as a courtesy. You are responsible for any and all co-payments, deductibles, and coinsurances built into your insurance plan.

2) Co-payments are due at the time of service. We are happy to work out a payment plan if the co-payment represents a financial hardship.

3) If we are not billing insurance for services we provide you (if you do not have insurance, are not an active member of our direct primary care program, or if we do not participate in your insurance plan), payment for services is due in full at the time of the visit. If you have outside insurance, we can provide you with an invoice that you can submit to your insurance company for reimbursement.

4) Patient balances are billed immediately through our practice management and electronic health record company, athenahealth, Inc., upon receipt of your insurance plan's explanation of benefits. Your payment is requested within 10 business days of your receipt of your bill. We are happy to work with you on a payment plan if your bill represents a financial hardship - please just contact us if this is the case.

5) Unless previous arrangements for a payment plan have been made with our finance office, any account balance outstanding longer than 30 days will be charged a \$10 re-bill fee. Bills will be sent out at 35-day intervals up to 3 times through athenahealth, Inc. If no payments have been received after the third statement, we will attempt to contact you by phone and by certified letter. Any balances that have been outstanding for 130 days and for which no payment plan has been established will be sent to a collections agency. Any balances that have been outstanding for 180 days and for which no payment plan has been established will result in a hold on your account, at which time we will only be able to see you on an emergency basis for the subsequent 30 days as you seek out another primary care provider. **We do not wish for this to happen to any of our patients and ask that you contact us if you are having trouble understanding or paying your bill.**

6) We accept cash, checks, credit and debit. If your check is returned for insufficient funds, a \$20 fee will be charged to you and your account will be placed on a "cash-only basis." We will then accept payments only by cash or credit card until the balance is cleared.

## Forms

1) We ask that you bring any forms you need completed to the office visit with you. We require up to 3 business days to complete forms.

## Transfer of Records

1) We are happy to transfer medical records to outside medical offices at your request via fax. If you request, we are also able to provide your medical records to you in password-protected pdf format free of charge. We request at least 48 hours notice for any record releases.

2) We charge a fee of \$5 for printed copies of your medical records to cover printing costs and staff time.

3) We only provide records of services rendered at Beargrass Family Medicine with the exceptions of labs and imaging test results. Any other medical records you need should be requested from the healthcare facility where you received the service of interest.

By initialing here, I acknowledge that I have read this information and understand: \_\_\_\_\_

## Prescriptions

1) If you are a new patient, we **cannot and will not fill any controlled substances at your first visit, and make no guarantee that we will prescribe these medications to you.** Controlled substances include, but are not limited to:

- Opioids such as morphine, MS Contin, hydromorphone, Dilaudid, oxycodone, Oxycontin, hydrocodone-acetaminophen, Norco, Lortab, Suboxone, Subutex, buprenorphine, and tramadol.
- Stimulants such as Ritalin, methylphenidate, Adderall, Vyvanse, and Concerta
- Benzodiazepines such as Valium, diazepam, Ativan, lorazepam, clonazepam, and Klonopin.
- Certain sleep aids like zolpidem, Ambien, and Lunesta

If you have been taking any of these medications for a significant period of time (i.e., more than a few weeks), it is essential that you make arrangements with your prior primary care office or another office to manage these medications at least until we have seen you twice in the office, have received and been able to review your prior records, and have been able to formally assess the risks of continuing the medication in question. **Again, we make no guarantee that we will assume responsibility for prescribing these medications.**

2) If we are prescribing any controlled substances for you (including but not limited to those listed above), we will ask you to review and sign a formal controlled substance agreement which will outline our parameters for safe prescribing and use of these medications.

3) For most other prescriptions, we generally need a formal visit with you at least once every 12 months for basic monitoring, which can entail reviewing symptoms, examining you, and sometimes blood tests.

3) If you are an established patient, we ask that you submit prescription refill requests through your pharmacy (they will then contact us) or through the patient portal rather than calling our office.

4) We require advance notice of at least 2 business days for any prescription refill requests. We cannot guarantee that any prescription refill requests received on Fridays or the eve of holidays will be completed the same day.

I have read and understand the above office policies and procedures, agree to comply, and accept the responsibility for any payment that becomes due as outlined previously.

Patient Name(s) \_\_\_\_\_

Patient birth date \_\_\_\_\_ Today's date \_\_\_\_\_

Guardian / Responsible Party Member's Name \_\_\_\_\_

Relationship to patient \_\_\_\_\_

Responsible Party Member's Signature \_\_\_\_\_

On completion, we are happy to provide you with a copy of this policy for your records.

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