

CANCELLATION / MISSED APPOINTMENTS

Due to increasing demand for patient appointments, Baylor Scott & White Family Medicine has instituted the following appointment policies.

MISSED APPOINTMENT (YEARLY)

- Initial – Patient will be called to reschedule and notified of no show
- Second – Patient will be assessed a \$25 fee for a missed appointment
- Third – Patient will be assessed a \$50 fee and may be dropped from the practice.

CANCELLATION

Any contact in regards to canceling, moving, or rescheduling an appointment made at LEAST 10 minutes before the assigned appointment time WILL NOT be assessed a fee.

LATE ARRIVAL

- 0-10 minutes – Patient will be offered to wait to be “fit in” to physician's schedule as time permits.
- +10 minutes – Patient will be offered to reschedule the appointment.

MEDICATION PRESCRIPTION POLICY

We ask that you **call the clinic or your pharmacy at least 3 days prior** to any refill needs. The pharmacy will communicate your refill needs with us. (Note that it may take up to 3 business days for local pharmacies and 2 weeks for mail-order pharmacies to fulfill medication requests.)

We do not refill medication after business hours or on weekends. Any calls for medication received after 3:00 p.m. will not be addressed until the following business day. If you are overdue for an appointment, we reserve the right to deny your medication refill request. We may also authorize a lesser quantity of your requested medication if necessary to allow time for you to schedule any overdue appointments with your physician. **Refills for medications will not be granted if you have not been seen in the prior 15 months.**

Our clinic does not provide chronic pain management services, thus no patient will be provided more than three consecutive months of narcotic therapy. It is the policy of this office that a patient only receives narcotics from one treating physician.

LABORATORY TESTING POLICY

Our physicians utilize the HealthTexas Provider Network (HTPN) Laboratory for most labs. When labs are unable to be processed by the HTPN Lab they are sent to other referral laboratories.

Our lab is “in-network” for most major insurers. However, it can occasionally lead to testing delays and inconvenience. Patients are welcome to utilize off-site labs should they desire. Should you wish to use an off-site lab please let the provider know.

Signature

Date

WELL VISITS

Preventative Visits, Annual Wellness Visits, and Medicare Wellness

Medicare and Insurance companies have rules about these kinds of office visits.

A Well visit is **different** from a regular **office visit**. Medicare and Insurance companies have rules about how they pay for these Well visits, and what is included.

A Well visit may have many different names. It could be Annual Physical, Annual Check-up, Annual Exam, Well Check, Annual Wellness Visit, or Welcome to Medicare visit.

What is included in a Well visit?

- Reviewing your health history, medicines, and allergies with you.
- Ordering **screening tests**, like mammograms or blood tests looking for diseases or problems that have not been diagnosed.
- Updating your vaccines.
- Giving you ideas to help your health. This could be diet, exercise, and weight control. It could also be advice about risks.

What may NOT be included in a Well visit?

- Addressing, evaluating, or treating **new problems**, like colds, abdominal pain, or rashes.
- Modifying therapy or changing management of chronic/ongoing issues, like diabetes or high blood pressure.
- Testing or monitor **chronic diseases** (such as diabetes, high blood pressure, or high cholesterol)

Not included means you may get a bill for deductibles, co-pays, and coinsurance. Your insurance decides what is paid.

It is possible to combine a Well visit and a regular office visit. If this happens, your regular office visit portion of the bill will incur a co-pay or deductible.

Please let us know if you have any questions about this issue.

Preventative services are dedicated to the discussion and testing of wellness and disease prevention. **Any discussion of testing for new or acute conditions may have separate charges that are not covered under preventative insurance benefits. I may incur an additional copay, deductible, or coinsurance for any non-preventative charges.**

I have read and understand the above policies and all my questions were answered.

Signature

Date

Payment Policy

1. Insurance - We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, **payment in full** is expected at each visit. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit is expected until we can verify your coverage. Knowing your insurance benefits is **your responsibility**.
2. Co-payments and Deductibles - All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud.
3. Non-Covered Services - Please be aware that some and perhaps all, of the services you received may not be covered or not considered reasonable or necessary by your insurance provider.
4. Claims submission - We will submit your claims and assist you in any reasonable way to help get your claim paid. You may need to provide your insurance company with information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance pays the claim. Your insurance benefit is a contract between you and your insurance company; we are not a party to that contract.
5. Coverage change - If your insurance changes, please notify us before your next visit so that the appropriate changes can be made to help you receive the maximum benefit. If your insurance company does not pay your claim in 45 days, you will receive a bill for the balance due.
6. Non-payment - If your account is over 90 days past due, we may refer your account to a collection agency unless payment arrangements are made.

Our practice is committed to providing the best treatment to our patients. Thank you for understanding our payment policy.

I have read and understand the payment policy and agree to abide by its guidelines.

Signature

Date