

Tiffany Harvey, MD

Jenifer Welsh, MD

Paul Alukal, MD

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## **PRACTICE POLICIES**

Our goal is to provide quality medical care in a timely manner. To do so, we have had to implement a cancellation and no-show policy. The policy enables us to better utilize available appointments for our patients in need of medical care.

### **Hours of Operation**

Our office hours are Monday – Friday, 7:30am – 4:30pm and closed for lunch from 12:00 – 1:00pm. At the end of the day, our phones will be forwarded to the answering service at 4:30pm upon closing.

### **Prescription and Refill requests**

In an effort to take care of your prescription and refill needs, we ask that you have your pharmacy contact us with your requests to ensure prompt and accurate refills. Please allow us 24 – 48 hours to respond and approve your medications. Your pharmacy will contact you when the prescription is ready for pick up.

We also ask that you allow the same 24 – 48 hours if your providers' signature is required, as they are not always available to sign immediately upon request.

### **Cancellation of an Appointment**

In order to be respectful of other patients' needs, please be courteous and call our office promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in urgent need of treatment. We ask that you call 24 hours in advance.

### **No Show Policy**

A “no show” is a missed appointment that was not canceled prior to 24 hours of your scheduled appointment. In this event, a \$50.00 fee will be charged. Payment will be expected prior to rescheduling any appointment and is not reimbursable by your insurance carrier. Two “no-show” appointments in a six-month period will result in dismissal from the practice. New patients who do not show for their appointment will not be rescheduled.

### **Late Arrivals**

In an effort to serve our patients in a timelier manner, we request that you be on time for your scheduled appointment. In the event you are running late, please be respectful and call ahead. If you are 10 or more minutes late to your scheduled appointment, you will be asked to reschedule.

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### **Same Day Appointments**

We realize that health conditions often occur unexpectedly. Same day care may be provided and we will do our best to accommodate you at the earliest possible time. However, we do suggest you call ahead to find out if there is a time we would most likely be able to accommodate you prior to coming to the office so the wait time is reduced. If the need is not urgent, you will be asked to schedule an appointment. In the case of a same day appointment, the provider will address the presenting problem only.

### **Contacting your Provider or MA**

We understand there are times that you feel the need to speak to your provider and/or MA during the day. However, you must realize they are seeing scheduled patients and have limited access to phone calls during this time. If you call in and need to reach your provider and/or MA, please leave as much detailed information with the front desk as possible so they are able route your needs appropriately. We will return your call within 24 business hours.

### **Insurance Filing and the Law**

Most of the services provided in this office are medically necessary and paid for by your insurance company. Unfortunately, not all services are covered and may be considered elective. In cases where the service has been denied by your insurance, you will be personally responsible for the bill. Federal laws addressing insurance company transactions require that we submit claims to an insurance company accurately, reporting the exact services performed and the exact reason for performing them. We are not allowed to alter the medical record or claim forms. Our practice strictly adheres to these laws, and will submit claims to all insurance companies in this manner.

### **Secondary Insurance**

Our corporate billing office will file secondary insurance for our patients once, as a courtesy. After 90 days, if your secondary insurance has not paid on a claim, the balance will become patient responsibility.

### **Non-Covered Services Are Your Responsibility.**

We will make every possible effort to advise you of all non-covered services in advance. Medical plans have many unique stipulations. If you are not sure if a service is covered by your plan, you will need to call your insurance company in advance to see what your financial responsibility will be. It is the patient's responsibility to obtain a referral for HMO plans. If you fail to obtain a referral, you will be financially responsible for all charges.

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**Understanding Your Financial Obligation.**

As a patient, it is in your best interest to know if your plan is contracted with Baylor Scott & White Internal Medicine Las Colinas and to understand your insurance plan benefits. This includes, but is not limited to, understanding your responsibility for any deductibles, co-insurance, or co-payment amounts prior to any visit. You may have different deductibles, co-insurance, or co-payment amounts, depending on the contracted status of your insurance company.

It is also important to understand your insurance plan's current benefit and coverage rules. Policies and coverage determinations may vary from year to year.

Not all services are covered in all insurance contracts. If your insurance plan benefits do not cover a service or procedure, you will be held personally responsible for payment of these charges. To find out what your insurance plan benefit covers and what your financial obligation may be, call the customer service or member services department of your insurance company (the phone numbers are on your insurance card). Your employer's human resources department may also be a source of information and assistance.

**ACKNOWLEDGMENT OF THE RECEIPT OF  
Baylor Scott & White Internal Medicine Las Colinas  
PRACTICE POLICIES**

**Baylor Scott & White Internal Medicine Las Colinas has provided you a copy of the practice's policies. By signing this form, you acknowledge that you have received a copy of the policy.**

\_\_\_\_\_  
**Patient Name**

\_\_\_\_\_  
**Signature of Patient or Guardian**

\_\_\_\_\_  
**Date**