



FINANCIAL & OFFICE POLICY

Please take the time to read the following and initial:

_____ 1) **Consent**- The patient or legal guardian consents to treatment & services provided during this or any future visits. This which may include but not limited to, laboratory procedures, examinations, treatments, procedures, telemedicine or other services rendered by the healthcare provider or their instruction.

_____ 2) **Late arrival**- If you are unable to arrive at your scheduled appointment time, please call the office immediately to inform the office staff. If you anticipate a more than 15 min arrival, your appointment may be rescheduled.

_____ 3) **Required payments**- Your co-pay is due at the time of booking or at the beginning of your appointment time. High deductible plan policies will require pre- payment towards the visit.

_____ 4) **Appointment cancellation**- If you are unable to make your scheduled appointment, we ask that you cancel 24 hours in advance. There is a **\$25 NO SHOW FEE** & will be required to be paid before your next scheduled appointment. Three missed appointments will result in termination of our relationship & assistance with transferring records to a new provider.

_____ 5) **Visit types**- Wellness appointments are essentially physical exams & do not generally include a complaint or medication refills. Insurance plans code each of these appointments differently & once the note is billed, you may be responsible for additional fees. Please clarify your appointment type when scheduling. (**See #13 also**)

_____ 6) **Medication refills**- Please allow 48 hours minimum for medication refills. Accuracy of medications are a priority.

_____ 6) **Controlled Substances**- Advanced Mobile Medical Services also does not prescribe controlled substances (**narcotics, xanax, librium, adderall, percocet, etc.**) on an ongoing basis. You will be referred for chronic medication management related to these controlled substances.

_____ 7) **Chronic health management**- It is our expectation to see our chronic health patients every 90 days. Prescriptions will be written for 90 days & labs are to be completed. This is to ensure best patient care & management of complex disease processes. Our goal is to have healthy, well cared for patients making this a mutual arrangement. Keeping this in mind, if this is **not** a mutual decision, then we are not the right fit.

_____ 8) **Referrals**- Please allow 3-5 business days for referral to be completed. We personally select a specialist for our patients & this is also dependent on insurance contracts as some require authorizations. If you have a previous specialist you'd like to be referred to, please bring the contact information to your appointment.



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_____9)**Forms-** An appointment is required for forms to be filled out. This includes FMLA, travel documents etc. This is to ensure accuracy of the forms, dates & verbiage of the documents. A copy will be kept in the chart.

_____10)**Etiquette-** We will provide excellent patient care & also will treat you with respect. It is also our expectation that our patients are respectful. If at any time behavior is shown that is offensive or threatening, the provider/patient relationship will be terminated. Any grievance that a patient might have, we urge you to speak with us immediately.

_____11)**Saturday Appointments-** We are happy to offer & accommodate Saturday appointments. A no show or cancelation less than 24 hours of appointment time will result in a **\$50 fee**, which is to be paid in full before scheduling additional appointments.

_____12)**Patient Statements-** When a claim is submitted to your insurance company & payment is received, a statement will be sent to you. **Your account balance must be paid in full within 30 days.** If you are unable to pay your balance promptly, please call us to make payment an arrangement. Our billing company will send 1 certified letter. If a 2nd letter is required, a \$10.00 charge will be added to your account. If an account remains open after 90 days, accounts will be forwarded to a collection agency.

_____13)**Wellness Appointments-** Commonly there is not a realization in the differences among screening, diagnosis, & treatment appointments. **When a preventive visit turns into acute care, many patients think their insurance will cover the bill. In actuality, the "free preventive care" that results in a diagnosis or follow-up treatment is not considered a free service under the Patient Protection and Affordable Care Act (PPACA).** To eliminate "surprise" out-of-pocket bills, it is important to understand costs before providing acute care services resulting from preventive care visits.

Patient Initials_____

Patient Signature_____

Date_____

Witness Signature_____

Date_____