

FAIRHOPE FAMILY MEDICINE POLICIES AND PROCEDURES

WELCOME TO FAIRHOPE FAMILY MEDICINE (FFM). WE STRIVE TO PROVIDE OUR PATIENTS A PLEASANT AND EFFICIENT MEDICAL HOME. THE FOLLOWING GUIDELINES HELP US ACHIEVE OUR GOALS:

- STAFF AND PATIENTS ARE EXPECTED TO TREAT EACH OTHER IN A COURTEOUS AND PROFESSIONAL MANNER.
- BE ON TIME FOR APPOINTMENT. IF YOU ARE LATE WE MAY NEED TO RESCHEDULE YOUR APPOINTMENT. PROVIDE 24 HOUR NOTICE FOR CANCELLATIONS TO AVOID BEING CHARGED A NO-SHOW FEE. IF AN URGENT ISSUE PRESENTS, ANOTHER APPOINTMENT TO ADDRESS THE ORIGINAL ISSUE MAY NEED TO BE MADE.
- WE LIMIT THE NUMBER OF ISSUES PER APPOINTMENT TO A REASONABLE AMOUNT DUE TO TIME CONSTRAINTS AND THE COMPLEXITY OF COMBINING MULTIPLE ISSUES IN A SINGLE APPOINTMENT. DO NOT ADD ISSUES TO YOUR VISIT AS YOUR VISIT WAS ASSIGNED THE APPROPRIATE AMOUNT OF TIME.
- WE DO NOT TREAT PATIENTS OR REVIEW TEST RESULTS OVER THE PHONE UNLESS YOUR INSURANCE PAYS FOR TELEHEALTH OR AUDIO/VIDEO VISITS.
- WELLNESS/ROUTINE/PREVENTIVE VISITS (WE USE THE TERMS “PPE” FOR YOUNGER PATIENTS AND “AWV” FOR MEDICARE AGE PATIENTS) SCREEN FOR UNKNOWN DISEASE. **THE PROVIDER WILL ASK THE QUESTIONS AND GUIDE HOW THE VISIT PROGRESSES.** IF THE PATIENT BRINGS UP OR THE VISIT UNCOVERS AND REQUIRES THAT A PREVIOUSLY DIAGNOSED CONDITION/DISEASE BE ADDRESSED, A PROBLEM VISIT WILL BE CODED IN ADDITION TO THE PPE/AWV. INSURANCE WILL REQUIRE A CO-PAY BE COLLECTED FOR THE NON-WELLNESS PORTION OF THE VISIT.
- WE CODE YOUR OFFICE VISIT FOR SUBMISSION TO INSURANCE. DO NOT ASSUME WE KNOW WHAT YOUR INSURANCE POLICY PAYS FOR. THAT IS THE PATIENT’S RESPONSIBILITY. OUR JOB IS TO PROVIDE PROPER MEDICAL CARE.
- FOR QUESTIONS ABOUT WHY YOUR INSURANCE DID NOT PAY A CLAIM, FIRST ASK YOUR INSURANCE WHY AND PROVIDE US WITH THAT INFORMATION AND WE WILL REVIEW AND MAKE CHANGES TO THE CLAIM **ONLY IF THE PROGRESS NOTE AND THE CODING RULES SUPPORT MAKING A CHANGE.**
- IF YOU COME TO THE OFFICE WITH SIMILAR SYMPTOMS AS A FAMILY MEMBER WHO IS IN FOR A VISIT, WE CAN PUT YOU ON THE SCHEDULE FOR AN OFFICE VISIT. A SEPARATE CLAIM WILL BE MADE AND A CO-PAY WILL BE COLLECTED FOR YOUR VISIT.
- PATIENTS ARE EXPECTED TO HAVE AT LEAST ONE OFFICE VISIT EACH YEAR TO REMAIN AN ACTIVE PATIENT. WE **REQUIRES ALL MEDICARE AGE PATIENTS TO HAVE AN ANNUAL REVIEW VISIT AND A WELLNESS VISIT EACH YEAR.** ADDITIONAL VISITS MAY BE REQUIRED IF YOUR MEDICAL CONDITIONS DICTATE.
- QUEST LABS HAS A PHLEBOTOMIST IN OUR OFFICE (SEE POSTED HOURS). PLEASE BRING THE PRINTED LAB ORDER WE PROVIDE YOU TO YOUR LAB DRAW. THE QUEST PHLEBOTOMIST IS A QUEST EMPLOYEE & QUEST WILL BILL YOUR INSURANCE FOR LAB SERVICES NOT FFM. FOR QUESTIONS ABOUT YOUR QUEST BILL, FIRST CONTACT QUEST & YOUR INSURANCE. IF NOT RESOLVED YOU CAN CONTACT FFM.

- **IF YOU HAVE NOT RECEIVED LAB OR DIAGNOSTIC TEST RESULTS WITHIN TEN (10) BUSINESS DAYS IT IS YOUR RESPONSIBILITY TO CONTACT OUR OFFICE.** THERE ARE TIMES WHERE WE DO NOT RECEIVE RESULTS FOR A VARIETY OF REASONS.
- WE SUBMIT ALL SPECIMENS WE DRAW TO THE LAB FOR FURTHER TESTING. IF YOU DO NOT WANT US TO SUBMIT SPECIMENS YOU MUST ADVISE US AND YOU WILL BE ASKED TO SIGN A WAIVER.
- WE REQUIRE THREE BUSINESS DAYS TO REFILL MEDICATIONS. REFILL REQUESTS SHOULD BE CALLED IN TO YOUR PHARMACY. REFILLS FOR CONTROLLED MEDICATIONS CAN BE REQUESTED THROUGH YOUR PHARMACY OR THE FFM PATIENT PORTAL. CALL IN REFILLS WHEN YOU HAVE NO LESS THAN 5 DAYS OF MEDICATION LEFT.
- WE DO NOT SEE PATIENTS IN THE HOSPITAL AND USE A HOSPITALIST TO CARE FOR PATIENTS IN THE HOSPITAL. THIS ALLOWS US TO FOCUS ON PATIENTS IN THE OFFICE,
- ALL CO-PAYS AND DEDUCTIBLES DUE MUST BE PAID AT TIME OF SERVICE. STATEMENTS ARE ONLY SENT FOR AMOUNTS OVER \$15.00. ANY AMOUNTS LESS THAN \$15.00 WILL BE COLLECTED AT YOUR NEXT VISIT. WE REQUIRE PAYMENT WITHIN 14 DAYS OF THE STATEMENT DATE. A \$5 FEE IS CHARGED FOR EACH ADDITIONAL STATEMENT MAILED.
- WE PROVIDE AN ON CALL SERVICE FOR URGENT AFTER-HOUR NEEDS. TO USE THE ON-CALL SERVICE, LEAVE A MESSAGE – **TURN OFF YOUR CALLER-ID** AND THE DOCTOR WILL RETURN YOUR CALL WITHIN 30 MINUTES. DO NOT USE THE AFTER HOURS ON-CALL SERVICE FOR NON-URGENT NON-MEDICAL ISSUES. IF YOU WISH TO CANCEL AN APPOINTMENT, PLEASE LEAVE A MESSAGE. **FOR EMERGENT HEALTH ISSUES NEEDING IMMEDIATE ATTENTION YOU NEED TO GO TO THE EMERGENCY ROOM OR CALL 911.**

I HAVE READ AND UNDERSTAND THIS NOTICE: _____

DATED: _____

SIGNED: _____