



## **OFFICE POLICIES AND PROCEDURES**

### **CO-PAYS**

Co-pays are due at time of service. Our office does not bill for co-pays. We accept cash, check, Visa, MasterCard and Discover.

### **INSURANCE CARDS**

Insurance cards are required at every visit. If there are any changes to your insurance including, but not limited to, new insurance member identification number and/or group number please inform the office. If you have not provided our office with the correct insurance information, you will be responsible for any balance due. We are unable to re-submit insurance claims.

### **SELF-PAY PATIENTS**

If you do not have insurance, your balance is due at time of visit. Our office accepts cash, check, VISA, MasterCard and Discover.

### **WORKMAN'S COMPENSATION**

If your visit will not be submitted under your insurance plan, our office must have all necessary claim information before or at the time of your visit. If you are unsure of what information to bring, you should call our office before your visit. We may need to reschedule your appointment until we have all the necessary claim information. If you do not provide us with the correct information then you will be personally responsible for outstanding account balances.

### **MONTHLY BILLING STATEMENTS**

Every month our office sends out a monthly billing statement to every patient. The balance due is the remainder owed after your insurance has paid. It is your responsibility to pay your monthly statement each month even if you and your insurance company are disputing coverage.

### **COLLECTIONS**

If your account balance is unpaid and overdue after three monthly statements or more and you have not responded to any of our attempts to contact you, your account will be referred to a collection agency. Once your account is in collections you will be dismissed from our practice and any further communication concerning your account will be between you and the collection agency. Again, please note that we will only proceed to these measures if you do not respond to our attempts to communicate with you and set up a payment plan.

### **PAYMENT PLANS**

If you have negotiated a payment plan with us you are responsible for making timely and consistent monthly payments. We offer payment plans as a courtesy to our patients in time of need. If you fail to make your scheduled monthly payment and do not contact our office before your scheduled due date, your account will be sent to collections for non-payment.

### **LATE FOR APPOINTMENTS**

Please try to make every effort to notify our office if you will be arriving late. If you will be more than 30 minutes late we may need to reschedule your appointment or we may ask that you wait until the next open spot on the schedule while we continue to see the patients who have been arriving on time.

### **PAPERWORK TO BE FILLED OUT BY THE DOCTOR**

An appointment may be required to have forms completed. Please check with the staff to see if your form will require an office visit. If a scheduled appointment is required your co-pay is due at time of visit.

### **NOT SHOWING FOR YOUR SCHEDULED APPOINTMENT**

We ask that 24 hour notice is given when canceling an appointment. No showing for an appointment will result in a \$20.00 fee which is not covered by insurance. Frequent no-shows or cancellations will result in being discharged from the practice.

### **AFTER HOURS**

Our office has a physician on call when the office is closed. This physician is to be called for emergencies only. Antibiotics and or narcotic pain medication will not be given without an office appointment.

### **CHANGE IN PERSONAL INFORMATION**

Please call or write to the office concerning any change of personal information such as your address, phone number, or who we may communicate information to concerning your health information, at your earliest convenience. Not updating personal information can delay communication regarding your health information.

### **EXCHANGE OF MEDICAL INFORMATION**

All request by patients must be signed and in writing wither by letter, fax or a medical release of information form. Verbal requests are not acceptable. A request is not necessary if the information is shared with a physician we referred you to.

### **COPYING FEES**

We do charge a fee for the copying of medical records. The fee and length of time to copy the medical record is dictated by the size of the chart. Please give the office advance notice. Copying fee is due at time of pick up. A fee does not apply if the medical record is being transferred to another physician's office.

### **DIAGNOSIS CODES**

Our office cannot recode an office visit because your insurance does not cover certain visits; this is illegal and considered fraud. It is the responsibility to know what your insurance plan covers. Physicals, shots, and psychiatric care are a few examples of what some insurance companies may not cover. Always call your insurance company to verify coverage. It will be your responsibility to pay any unpaid amount that your insurance does not cover within 30 days.

### **RESULTS FROM TEST**

Our office will notify you with the results from testing as soon as they become available to us and are reviewed by your doctor. We do utilize a Patient Result Network system to provide you with your test results. It is an automated system available to you 24 hours a day 7 days per week. Your nurse or physician will record your results and any further instruction on the network. Once a patient receives their Patient result network information results can be retrieved by phone 24 hours a day 7 days per week. If another physician ordered the tests and copies are sent to us, it is the responsibility of the ordering physician to contact you. Unless otherwise instructed we are unable to give out results the same day a test is performed.

### **TEST ORDERS AND REFERRALS**

This office tracks test orders and referrals given to patients. An expected timeframe for completion of these tests are assigned. If we have not received a report within the expected timeframe, the patient will receive a letter reminding the patient of the recommendation and the reason for the recommendation. The letter will include a request that the patient respond to us as to their intent to follow-up. Further lack of response by the patient will be interpreted by the office that the patient assumes sole responsibility for the consequences of their inaction on this matter. Non compliance could result in being discharged from the practice.

### **UNCOOPERATIVE PATIENTS**

Physicians are not required to continue treatment of a patient who is uncooperative, refuses to follow treatment advice and/or presents difficulties in the doctor-patient relationship. Our goal is to try to accommodate all our patients' needs. Demanding and abusive language does not help us achieve that goal. Patients may be dismissed from our practice for non-compliance.

Thank you for your cooperation,

Robert F. Boll, D.O.  
James J. Tess, M.D.  
Carol Ingrisano, FNP  
Cathy Moynihan, FNP