

# SHELBY MEDICAL ASSOCIATES, PA

## PATIENT POLICIES

### ***BECOMING A NEW PATIENT***

***All patients accepted by a physician as a new patient must complete and return all required forms prior to an appointment being scheduled. These forms include:***

- Patient Data Sheet
- Health Questionnaire
- Acknowledgement of Receipt of Privacy Practices
- Authorization to Release Health Information
- Acknowledgement of Receipt of Patient Financial Policy
- Credit Card Authorization Form. All new patients must have a valid credit or HSA card and complete a credit card authorization form (debit cards are not an acceptable alternative). All credit card transactions at Shelby Medical Associates are secure.

All new patients must have an initial complete physical exam with a Shelby Medical Associates provider. This complete physical will be scheduled upon receipt of the above forms.

Shelby Medical Associates reserves the right to refuse acceptance of a new patient for operational, clinical, medical or financial reasons.

Please note that in the unfortunate event a patient must be discharged from the care of a Shelby Medical Associates provider, the patient is discharged from the entire practice and will be unable to receive medical care from any other Shelby Medical Associates provider.

### ***MAKING AN APPOINTMENT***

Patients are seen on a scheduled basis. To make an appointment, please call our office during regular office hours. Follow-up appointments also may be made with you during the check-out process following your completed appointment.

- Established patients will be scheduled as soon as possible based on the availability of appointment openings.
- Same-day appointment requests will be accepted on approval of the physician based on health condition, patient volume and patient status with the Practice.
- Walk-in patients will be seen only in cases of extreme emergency.

### ***ARRIVAL FOR APPOINTMENTS***

Established patients are requested to arrive at least 15 minutes prior to their scheduled appointment time; new patients are encouraged to arrive 30 minutes prior. This will allow time for check-in staff to review new patient forms and verify your personal or insurance information as needed, and collect any current or outstanding payments due.

Due to our commitment to providing each patient with the care and attention they deserve, in the event you do not arrive in time to complete the check-in process by your scheduled appointment time, your physician reserves the right to reschedule your appointment to another time and/or day.

Despite scheduled appointment times, your physician may be delayed in order to provide necessary care to a prior patient, or to address the needs of a hospitalized patient. We know that you would want the same attention to your medical care, and thank you for your understanding should your appointment be delayed. We understand that your time is valuable and will make every effort to keep you informed.

### ***CANCELLATION OF AN APPOINTMENT***

Please give at least a 24 hour notice if you will not be able to keep your appointment for any reason. This makes it possible for another patient to be seen in your place. Shelby Medical Associates reserves the right to charge patients \$30.00 for missed or "no-show" appointments.

### ***PATIENT FINANCIAL POLICY***

Payment of all current and outstanding patient balances is expected at time of service, and we are required by your insurance plan to collect them. This includes co-pays, co-insurance, deductibles and previous outstanding balance. At minimum, co-pays and any outstanding balance will need to be paid prior to seeing your physician. Co-insurance and deductible amounts will be collected at time of check-

out to the extent they can be determined at that time. Once your insurance has been billed and a patient balance has been established, you will be advised of your balance and your credit card charged for the patient balance.

If you are unable to make required payments at time of service, your physician reserves the right to reschedule your appointment. If you are unable to make payments at time of service, you will be directed to a patient accounts representative so that payment arrangements can be made. Repeated failure to make required payments will result in discharge from the Practice.

For further information, please see our *Patient Financial Agreement*.

### **INSURANCE**

Shelby Medical Associates participates with all major health insurance plans within our service area. It is recommended that you check with our office regarding participation with your specific plan. As a courtesy, we will bill your insurance company for charges incurred (patient payments required by your plan are due at time of service). Should your physician determine that a medical test, treatment and/or procedure is necessary, you will be responsible for full payment of fees in the event your insurance plan defines or determines that these will be "uncovered benefits".

Patients without insurance (private pay) will be required to pay \$60.00 at time of service for an established patient office visit, and \$200.00 at time of service for a new patient, consult or annual physical office visit.

### **BILLING**

Following your visit, we will bill your insurance company for payment of their benefit amount. You are responsible for payment of all amounts and non-covered services that are not paid by your insurance company. Whether you are an insured or private-pay patient, you will receive an account statement at any time it is determined there is an amount owed by you. Your account statement will indicate the service provided and amount due. Your payment of any outstanding balance is due upon receipt of your account statement and your credit card will be charged in accordance with your Credit Card Authorization form.

Failure to pay your account in full within 90 days of notification of an outstanding balance will result in referral of your account to a professional collection agency and probable discharge from the Practice.

If you have any questions about your account or any statement received, we encourage you to contact our billing department at (704) 482-1482.

### **MEDICAL RECORDS**

Shelby Medical Associates maintains strict confidentiality regarding your patient records. Therefore, unless specifically necessary for your medical care, medical information is only released with your written consent. For more information regarding the privacy and release of your protected health information (PHI) please see our *Notice of Privacy Practices*.

A completed *Medical Records Release Form* signed by the patient (or in the case of a minor or incompetent patient, signed by the parent, legal guardian or power-of-attorney) must be received before medical information is provided to anyone not directly involved in the provision of medical services specifically related to your care. Your Medical Release Form must be no older than six months from date of your signature.

When requested by a patient or a patient's legal representative, the cost of research and duplication of a patient's medical record is a minimum fee of \$10.00 plus an additional amount for the number of pages copied. Authorization and pre-payment in full must be received five business days prior to the release of medical records copies.

### **FACILITY SAFETY**

Shelby Medical Associates is a smoke-free facility. For the health and safety of our patients and staff we ask that you do not smoke in our offices or anywhere on our premises.

Shelby Medical Associates also is a no-firearm facility. For the safety of our patients, staff and visitors, no firearms are permitted in our offices.