

# All About Women Health Associates, Inc.

## OFFICE POLICIES

The following office policies were developed to help us provide you with the best service and medical care available. You will receive a copy of our office policies each time you come in for your annual exam. We encourage you to read the office policies carefully and note any changes.

### Appointments:

**IMPORTANT:** When you present to the office for a wellness/annual exam, there may be other issues or problems that you want to discuss. Addressing these other issues or problems is not part of a wellness/annual exam. If you want the provider to address these other issues or problems at the time of your wellness/annual exam:

- some insurances **will allow both services** to be provided at the same visit and may apply two copayments to the visit. You will be responsible to pay both copayments.
- other insurances **will not permit both services** to be provided on the same day. In this situation, if you have a health problem that you want to discuss with your provider during your wellness/annual visit, the provider may decide to treat that problem and ask you to schedule another appointment for your wellness/annual visit.
- We apologize for the inconvenience this may cause. Some insurers' payment policies have led us to make this business decision. Your understanding of this situation is appreciated.

Please bring the following to every appointment:

- your current **insurance card**
- any **co-pay or co-insurance** that you are required to pay
- a list of your **medications** and **allergies**

Please try to be on time for your appointment. Patients who arrive more than 15 minutes late may need to reschedule.

Please call and schedule an appointment for any injection (shot) that you need our staff to administer.

If you must **cancel an appointment**, we request a **24-hour notice**. You may leave a message on our office voice mail after business hours. We feel very strongly about providing the best care possible for our patients. If we do not see you on a regular basis this is not possible. In addition, time scheduled for appointments that are missed is not available for other patients that need to be seen. Therefore, patients who have missed three (3) appointments without giving a 24-hour notice will be charged a **\$25 fee**. This fee must be paid prior to your next scheduled visit.

Patients that miss four (4) or more appointments may be discharged from the practice.

You will receive an automated phone call to remind you of your appointment approximately two days prior to the appointment date. When you receive this call, you may press "1" to confirm the appointment, press "2" to cancel the appointment or press "3" to leave a message. We hope in

the future to send reminders to patients via email, so please make sure that we have your current email address on file.

### **Insurance:**

As a courtesy to our patients, we will bill your insurance company. However, it is **your responsibility to know what your insurance does and does not cover**. Each insurance policy has different coverage. We encourage you to call your insurance company **prior** to your appointment to determine what your individual policy covers.

**Any balance not paid by insurance is the patient's responsibility.** Patients will receive three (3) account statements in the mail from our office. If no payment is made after 3 statements are sent, the **account will be sent to a collection agency**. Once an account has been sent to collections, we will not see the patient for an appointment until the account is settled.

We will not submit any claims to an insurance company if the correct information is not provided at time of service.

### **Miscellaneous:**

Because our patients' confidentiality is important to us, and due to HIPPA privacy laws, we are not permitted to discuss details of care or the reason certain services were performed with the parent of a minor patient. We also cannot discuss issues with a patient's spouse or other family member unless appropriate information release has been signed. Please make an appointment to see the provider **with** the patient present (child, spouse, relative) if you wish to discuss medical issues or management.

There will be a **\$25 fee** charged for all checks that are returned for **insufficient funds**. This must be paid prior to the patient being seen for another appointment.

Effective September 1, 2008 there will be a charge of **\$10.00** per form for all forms that need to be completed by our office. Please allow 1-2 weeks for the completion of all forms. Payment is expected at the time the form is picked up.

If you have any issues or concerns, please direct them to our **Office Manager, Mary Little**.

TMC/2010-04  
RSG/2011-10  
RSG/2012-04  
KNB/2013-06