

TrueMedicine, P.A.
Office Policies 2012

Appointments:

Appointments can be made during regular business hours or by email request at www.truemedicinePA.com. We reserve your appointment exclusively for you. We require 24 hours notice for rescheduling and /or cancellation of an appointment. Missed appointments and Appointments cancelled with less than 24 hours notice are **subject to a broken appointment fee of \$30**. This will not be filed under insurance and will be billed to your account. If you call after business hours and leave a voicemail to cancel your appointment, one of our staff will return your call the next business day to help you reschedule. If you arrive late for your appointment, we will make every attempt to work you in. However, your appointment may have to be rescheduled if you are 15 or more minutes late.

Physician Collaboration:

Occasionally, due to fluctuating hospital admissions and responsibilities you may see a different clinic physician than is your regular designated physician. If this occurs and it is necessary for you to see an alternate physician any follow-up appointments will resume with your original assigned physician. Each TrueMedicine physician will collaborate to provide the same standard of care and attention to you during your visit. We appreciate your understanding when these situations arise and thank you for allowing us to tend to your healthcare needs.

Telephone Calls for the Providers or Nurses:

Our phones are answered by our staff from 9:00 to 5:00. Our trained staff accepts all calls from patients, enabling the Doctor to spend more time with the patients in the office. A nurse will return all messages received before 2:00 p.m. by the end of the day. ***Calls received after 2:00 p.m. will be returned by the end of the next business day.*** If you have an immediate need or urgent concern that requires immediate attention, please speak with a front desk attendant who can assist you.

After Hours Emergency Calls:

Our providers are always available after office hours for *emergency calls*. Instructions on how to reach the On Call physician are given when you call the main clinic number after hours. Please do not page the On Call Physician for routine, non-emergent issues. ***Non-emergent and routine calls paged to the after-hours physician will incur a \$20 charge.*** This charge is not billed to insurance and will be posted to your account. In a life-threatening situation, go to the nearest Emergency Room or call 911.

Prescriptions:

Your medical record is needed to determine whether a refill should be issued. Therefore, refills cannot be approved after normal business hours. We typically time the expiration of refills to coincide with return office visits. Patients with chronic medical conditions, such as high cholesterol, require office visits at least every 6 months for refills and monitoring. Follow-up appointments are required so that your provider can monitor your condition and adjust medications accordingly. If you need more medication prior to your appointment, please contact your pharmacy and request they fax a refill authorization request to our office. Please note only a limited quantity of medication may be authorized by your physician to allow time for you to make your appointment. Refills will be approved or denied within 72 hours after we receive the pharmacy fax. ***We do not prescribe antibiotics or controlled substances without an office visit. There will be a \$ 10 charge per prescription that requires a triplicate.***

Referrals:

Some managed care insurance plans and worker's compensation claims require your primary care doctor to obtain authorization prior to being referred to another provider, or for specialized testing. If your plan requires this, we will contact your insurance company to request the authorization. Please allow 7-10 days

for the referral process to be completed. Our referral department will contact you when an approval or denial from your insurance company has been made.

Outpatient Procedures:

We will obtain authorization from your insurance company and you will be contacted by the facility to which you are being sent to schedule your procedure. If you have not received a call from our office within 5-7 working days please call our office for assistance.

Page | 2

Lab Results:

Established patients who require routine labs may have their labs drawn 1 week prior to their appointment. *Only the labs that have an active order in the chart can be drawn.* Please note you may need to have additional lab work done if deemed necessary by your physician during your appointment. A Physical Exam follow-up appointment will be scheduled for 2-4 weeks after the physical. Results are reviewed at this follow-up appointment. If your physician does not require you to have a follow-up appointment to review your lab results you will be notified of your results by telephone.

Co-Pays:

All co-pays are collected at check in. Please bring your insurance card to every visit.

Cash Pay Only Patients:

We accept patients who do not have health insurance. Payment in full is required at check-in. We accept cash, check and all major credit cards.

Responsibility for Verifying Insurance Coverage:

You are responsible for verifying that we are providers on your insurance plan and for knowing what services you have coverage for, including but not limited to office visits, labs, x-rays, procedures, physicals and immunizations. You will be responsible for paying for all services not covered by your insurance plan. We accept numerous insurance plans with various deductibles, co-pays, and coverage. It is important that you read and understand the provisions of your insurance. If you have dual coverage, it is your responsibility to know which insurance plan is the primary payor for your benefits and which plan is secondary. If you have any questions about your benefits or coverage please contact your insurance company.

Third Party Liability:

“Third party liability” means that someone else’s insurance is to cover your illness/injury. For example, a fall at a grocery store, where the grocery store’s insurance will pay for your medical bills. All charges for services rendered are payable in full at the time of your visit unless we can verify that your insurance plan will pay for the services as they would pay any other illness. You will need to submit your charges and seek reimbursement from the third party insurance payor. We do not file claims for payment to attorneys or any other third party payer for reimbursement.

Workmen’s Compensation:

We accept Workmen’s Compensation Injury claims. At your appointment please be prepared to provide the date of injury, nature of injury, claim number, the adjuster name and their contact information.

Forms and Paperwork:

Due to the complexity and increasing documentation requirements of numerous regulatory agencies, it is necessary to charge our patients for completing forms, paperwork and documentation including but not limited to: Disability, DME Certification, DPS Authorization, Worker’s Compensation, CMS/Medicare, Social Security. Our *fee is \$25 for each 30 minute increment spent completing forms.* This fee is not covered by insurance and is the patient’s responsibility at time of form completion. Please allow 5-7 business days for form completion.

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