

Houston Family Practice

OFFICE POLICIES AND FEES

In order to reduce confusion and misunderstanding between our patients and the clinic, we have adopted the following policy. If you have any questions about this policy, please discuss them with our Billing Manager. We are dedicated to providing the best possible care and service to you and we regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

Unless other arrangements have been made in advance by you or your health coverage carrier, **full payment is due** at time of service. For your convenience, we accept Visa, MasterCard, Discover, American Express, e/Check, or Cash.

FEES, PAYMENT AND BILLING POLICIES:

We also have direct billing agreements with many insurance companies. We will bill those plans for which we have an agreement and will only require that you pay the copayment, deductible, co-insurance or non-covered services at the time of service. If your medical plan determines a service is “not covered,” you will be responsible for the charge. There is a fee for all forms to be filled out and letters typed. (Payment due in advance)

Missed or cancelled appointments: In order to provide the best service and availability to our patients, we ask you to notify us 24 hours in advance if you are unable to keep the appointment. We will charge for missed appointments, so **please call 24 hours in advance to cancel**. Several no showed appointments will result in patient being terminated from Houston Family Practice. - **\$50.00**

Phone Sessions: This service is **NOT** covered by any insurance company. Provider will only do a phone session if the patient is out of town due to work or school. - **\$50.00**

Non Triplicate Prescriptions: Prescriptions are usually written during scheduled appointments. **Refills are given to last until next scheduled appointment.** If you have missed an appointment or do not have enough medication to last until next appointment, request routine refills should be handled by calling your pharmacy and having them fax/phone a request to the office. Allow three working days (72 hours for these refills to be processed). No additional fees are assessed for fees handled in this manner.

Emergency Refills Requests: Requests for medications to be filled in a **24 hour time** frame or in an emergency and max of 30days supply will be given in order for provider to review chart next business day (i.e. after 5pm, weekends, and holidays) will be honored. You will be assessed a charge for the provider’s time to answer your call, review the chart, document the appropriateness of the refill and call in the prescription (non-triplicate). This is a service not covered by insurance. - **\$50.00**

Appointments: To properly address your health issues the providers can mostly address one problem in depth at your appointment. If you have multiple health issues and



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concerns to address, please feel free to schedule as many appointments as you need until all your health concerns are addressed.

Complete Physical Exam and/or Well Woman Exam. Insurance companies define this as a breast exam, pelvic exam, and a pap smear as indicated. It also includes an appropriate screening exam, review of current medical conditions and medications, and labs as included in my policy provisions. A well woman exam / complete physical exam does **NOT INCLUDE DETAILED DISCUSSION OR DIAGNOSIS OF MEDICAL PROBLEMS.** I understand that I will need to schedule a problem visit for any problems I am experiencing at a later date.

Problem visit. This will require my **complete physical exam and/or well woman exam** to be done at a later date, as insurance requires.

Forms and Letters: Patients frequently request letters for school, work, special accommodation, legal matters and certain types of disability during medication monitoring appointments. Please keep in mind that your medical appointment is scheduled for the purpose of assessing your progress in treatment. If you have a request for a letter to be written, you may schedule time with your provider in order to compose the letter. Your fee will be determined by the length of time and level of complexity required to complete this service and allow 3 – 5 business days for any forms or letters to be completed.

1 Page - \$25.00
2 Pages - \$50.00
3 or more Pages - \$75.00
FMLA - \$75.00
Copies - .50 per page

Smartphone Recordings: To ensure confidentiality and privacy of our patients, staff and physicians, any type of electronic recording is strictly prohibited at any location within this office. Thank you for your understanding and compliance.

I have read the policies and fees notice and understand that if I request any services that are not covered by my insurance plan, that I will be charged accordingly.

Patient Name: _____

DOB: _____

X _____
Signature of Patient

Date

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