

Methodist Mansfield Minimally Invasive Surgical Associates
Office Policies Effective 03/16/16

Thank you for choosing our practice to take care of your health care needs! We know that you have a choice in selecting your medical care and we strive to provide you with the best service possible. Here are our office policies.

Your Team- Josh Trussell, M.D.; Andrew Standerwick, M.D.; Nicole White, Office Manager; Morgan Meade, M.A.; Denise Peters, Front Desk.

Registration- All patients must complete a patient information form before seeing their provider.

Charges- Full payment is due at the time services are rendered unless other payment arrangements have been made. For patients without insurance, payment is due at the time of service for both sick and well visits. Copays and balances are expected at the time of service. After 90 days, outstanding balances will be referred to a collection process.

Billed charges not covered by insurance are the insured's responsibility. Delays in insurance processing occur when insurance information is not provided in a timely manner. Such delays may also result in insurance not covering care. Whenever insurance denies payment for a service, it is your responsibility to cover the charges. Even while you may choose to review your benefits with your insurance provider **it is the patient's or legal guardian's responsibility to be familiar with their insurance benefits.**

General Office Fees:

- There is a \$25.00 charge for no-shows of any appointment type. Appointments must be cancelled 24 hours prior to appointment time or the fee will be assessed. Patients with 3 missed appointments and/or no shows annually will result in dismissal from the practice. These charges are not payable by your insurance & you will be required to pay the charge before your next scheduled visit.
- There is a \$35.00 return check fee, and future payments must be rendered by means other than a check.
- **There is a \$100 fee for not rescheduling/cancelling your Surgery, Colonoscopy or EGD at least 5 business days prior to scheduled date. This has to be paid before we will reschedule.**

Clinical Fees:

- There is a \$25.00 fee for medical records. All Medical Records are processed by HealthMark and take seven business days to process.

Insurance- Insurance cards must be presented prior to each visit. Please notify our office if there is a change in your insurance plans or coverage. We file claims as a courtesy to our patients and are only responsible for filing claims to the contracted insurance company and the member. Any dispute for unpaid charges from the insurance company will be billed to the member. All patients must have an insurance ID card in order to utilize benefits. Patient must have insurance information at the time of their scheduling appointment.

Medication Refills- All prescription refill requests should be called into your pharmacy at least five (5) working days before the last pill taken to allow adequate time for approval. Refills will only be handled during normal business hours, Monday through Friday. Controlled prescriptions will not be refilled after office hours or on weekends.

Referrals- Allow 5 to 7 working days to process routine referrals.

Behavior- Physical and verbal abuse towards the office staff will not be tolerated. This includes disruptions affecting daily operations within the office as well as offensive behavior on the telephone with office personnel. Abusive behavior towards personnel will result in immediate discharge from the practice.

After Hours- Our physicians are accessible after hours for urgent needs only. By calling the main number after hours, you will receive instructions on how to contact the physician on call.

Feedback- **You may receive a patient satisfaction survey from Press Ganey. Please take time to complete this and let us know how we can improve. Every month MedHealth presents one patient with a \$100 Amazon Gift Card as a "thank you" for completing a Press Ganey Patient Experience Survey. The patient is selected randomly by Press Ganey from all the patients who have completed a survey during that month.**

Patient Signature: _____ Date: _____

Patient Name: _____ Date Of Birth: _____