

## Carillon Sports and Family Medicine Office Policies (updated 12/20/2010)

Thank you for choosing Carillon Sports and Family Medicine for your health care needs. We recognize that you have a choice in health care providers, and we appreciate the trust that you have placed in us. The following details our office policies and allows us to provide excellent health care to all of our patients in an office atmosphere based on mutual respect. Please review and initial next to each office policy summary acknowledging that you have read and understand the policy. **Our office does not honor or recognize any patient deletions, additions or notations to these policies. Please refer to both sides of this page.**

\_\_\_\_\_ (initial) Your first visit, or any visit in which you will provide our office with an insurance update, will require you to arrive 15 minutes prior to your appointment time in order to complete the new patient registration process or update your insurance information. We will obtain a photocopy of your current insurance card and picture identification.

\_\_\_\_\_ (initial) **Your copayment, coinsurance and/or deductible will be collected on the day of your visit.** Our computer system is linked to insurance carriers fee schedules, so we are able to determine estimated patient responsibility on the day of your visit. Our office accepts cash, check, American Express, Discover, MasterCard or Visa. **In the event that you do not have payment on the day of your visit, your appointment may need to be rescheduled. If approval is given for our office to invoice you for payment, a \$10.00 billing fee will be added to your account.** For your convenience, you may choose to leave a credit card on file with our office.

\_\_\_\_\_ (initial) **Any outstanding balance on your account will be collected prior to your visit with our provider.** Our office considers spouses and dependents to be a guarantor unit. **Any outstanding balances on spouse or dependent accounts will be collected as well.**

\_\_\_\_\_ (initial) Our physicians and nurse practitioners order laboratory studies, imaging studies or procedures that are necessary to make a medical diagnosis or to appropriately manage a medical condition. We do not order unnecessary tests. It is your responsibility to understand your insurance coverage for labs, imaging and procedures.

\_\_\_\_\_ (initial) Our providers assign diagnostic and procedure codes to each patient's visit in accordance with their medical findings. Depending on the type of benefits offered under each insurance plan, the codes used for a particular service may not necessarily be covered by your insurance plan. We strive to be in compliance with the prevailing federal and state laws and insurance regulations. For this reason, we cannot change diagnosis codes once a claim has been filed. We encourage you to be informed about your insurance benefits. Please do not ask us to change your codes in an attempt to have a visit or lab work paid by your insurance company. To do so places us at risk of being charged with fraudulent practices and exposes us to civil and criminal prosecution.

\_\_\_\_\_ (initial) It is our office policy to file your claim with your primary insurance company, unless you are a Medicare patient, in which case we will file with Medicare and a secondary insurance company. We will make one attempt to correct any claims that are denied, and we will refile the claim for you. If the claim is denied a second time, the claim will be placed to patient responsibility and payment will be collected from the patient. You will be given an itemized receipt and you may submit it to your insurance company for reimbursement.

\_\_\_\_\_ (initial) Any charges considered "non-covered" by your insurance are your responsibility. In the event that your insurance company does not adequately compensate our office for the cost of an injectable such as an immunization or antibiotic, you will be invoiced the difference between the amount paid by the insurance company and our cost for the product.

\_\_\_\_\_ (initial) We respect your time. We try our very best to stay on schedule, but occasionally a patient requires more time than allotted due to an urgent or complicated problem. Thank you for understanding that we will provide this same level of attention to you in the event that you have a complicated problem.

\_\_\_\_\_ (initial) If you are more than 10 minutes late for a scheduled appointment, it may be necessary to reschedule your appointment. We will make every effort to see you on the day of your appointment. If, however, the wait time will exceed your availability, we will be happy to reschedule the appointment for you. A late cancellation fee will be assessed.

\_\_\_\_\_ (initial) In order to better accommodate our patients' medical needs, we offer same day appointments for acute illnesses or injuries. In the event that you have an urgent health care problem that requires immediate attention, we will see you in the office that day. In order to accommodate patients in this manner, our office requires **24 hours notice** for cancellations. Appointments not cancelled with 24 hours notice will be considered late cancellations. **Late cancellations or missed appointments will result in a \$25 charge being assessed to your account.** A fourth late cancellation may result in dismissal from our practice. If you need to cancel an appointment after our office has closed, please leave a message on our voicemail still providing 24 hours notice. As a courtesy, we do provide appointment confirmation calls 48 hours prior to your appointment. However, it is your responsibility to know your appointment day and time.

\_\_\_\_\_ (initial) Our office opens at 7:15 am each morning for blood draws. We see patients on Monday, Tuesday and Wednesday from 8:00 am - 7:00 pm, Thursday from 8:00 am - 5:00 pm and Friday from 8:00 am - 4:00 pm. We provide after hours and weekend call coverage in the event of emergencies only. Please call our office and you will be directed to our provider voicemail. Please leave a detailed message and our provider will return your call. Patients in need of after hours care may visit the Bardmoor Emergency Department. Hospital coverage at Morton Plant Hospital is provided by 24 on Physicians Hospitalist Group. Hospital coverage for our patients at St. Anthony's Hospital, Bayfront Hospital and Ed White Hospital is provided by West Coast Hospitalists.

\_\_\_\_\_ (initial) Routine prescription refills will be given during office hours. **Please contact your pharmacy to have a refill request faxed to our office.** Please allow 72 hours (not including weekends) for your requests to be refilled. Please note that **NO antibiotics** or **controlled substance** requests can be filled during nights or weekends.

\_\_\_\_\_ (initial) Many insurance companies require authorization for imaging studies such as MRI and CT scans. Carillon Sports and Family Medicine has a partnership agreement with St. Anthony's One Call and St. Pete MRI to obtain these authorizations for our patients. Patients requiring authorization for imaging studies must use one of these facilities in order to have the necessary authorization completed through our office. If you choose to use another facility, you **MUST** ensure that the facility is able to obtain the necessary authorization directly through your insurance company. Our office will be unable to obtain authorizations for imaging studies for you.

\_\_\_\_\_ (initial) Patients will find it necessary to leave messages for physicians and staff members. **Our providers utilize their medical assistants to communicate with patients outside of patient appointments.** Our office staff members will respond to all urgent messages daily. It may be necessary for us to respond to your message during evening hours due to heavy office volume. Non urgent messages will be responded to the following day.

\_\_\_\_\_ (initial) **Please note that there is a \$25 minimum charge for the completion of all paperwork,** including FMLA paperwork and short term and long term disability paperwork. Payment will be collected at the time paperwork is received in our office. Paperwork will be completed as quickly as possible, and our office will call you when it is completed.

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I have read, understand and agree to abide by the office policies described above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature