

Office and Financial Policy

Thank you for choosing Alabama Infectious Disease Center, PC for your health care needs. In an effort to make your transition to our practice as smooth as possible we have the following policies that we request you read & sign. Please feel free to seek clarification on any of our policies.

Alabama Infectious Disease Providers:
Ali Hassoun M.D.
Hafsa Siddiqui M.D.

Patient Identification	All patients must complete our patient information form before seeing the doctor. We must obtain a copy of a valid government issued picture ID and current valid insurance card. Without the requested ID, you may not be seen. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim. It is your responsibility to inform us of any address changes immediately.
Cell Phone Use	We ask that cell phones are not in use in the clinical areas.
Referrals and Authorizations	<p>Please allow 5-7 business days for referrals/authorizations to be approved. Most plans do not allow retro-referrals. These are provisions you agreed to when you contracted or signed up with your insurance plan. When providing information to us to initiate a referral we will need providers name, phone number, location, and date of appointment.</p> <p>It is your responsibility to make sure a referral is active before seeing a specialist.</p>
Medications & Prescription Refills	<p>Each patient is asked to bring a list of all medication or all bottles currently being taken, <i>including over the counter medication</i>, with him/her to each visit.</p> <p>All prescription refills require a 24-48 hour notice to our staff to process. We prefer for our patients to call to request refills, or utilize the patient portal for these requests. Pharmacies will auto-fax requests when you do not need the medication or a dosage has been changed.</p> <p>If you call to request a refill but are overdue for a follow-up visit and/or blood work (necessary for monitoring the safety or effectiveness of a medication), the provider may agree to call in enough medication to a local pharmacy to last until we are able to schedule an office visit (two weeks maximum). It is your responsibility to schedule an appointment before you run out of medication. You should schedule your next visit before you leave our office.</p> <p><i>We do not call in new prescriptions without being seen in office, including an antibiotic.</i></p> <p><i>If you are having problems with side effects, or need a change in dosage, please schedule an appointment to discuss problems and explore alternative options.</i></p> <p><i>Prior Authorizations for medications are done as a courtesy to the patient. This may require a trail of the preferred medication on your formulary prior to submission.</i></p>
After Hours and Emergency Care	<p>Our providers are on call 24/ by calling our office at 256-671-0089</p> <p>Please call our office prior to going to the emergency room for non-life threatening emergencies.</p> <p>Emergency rooms are properly staffed for critical situations and not for treatment of cold, flu sprains or chronic conditions.</p> <p>To provide better service to you SAME DAY appointments are now available Monday- Friday for our established patients.</p>
Messages	We encourage patients to contact us through the patient portal for general questions or concerns. We strive to respond the same day. Non-urgent messages will be returned within 48 hours. If you have something that can't wait please call office number to leave message with office staff. If you call during lunch or after hours for a general questions please leave a message on our answering machine it will be returned with 48 hour for non-urgent messages.

<p>Cancellation and Missed Appointments</p>	<p>Appointment times are an important commitment of reserved time for you and the physician/practice. Therefore missed appointments create an interruption for staff members and other patients on the schedule.</p> <p>Our office will attempt to call you within 24-48 Hours prior to your appointment and will leave a message for you to call us back to confirm. It is your responsibility to confirm with our office or if needed to cancel within 24 hours.</p> <p>Cancellation of Appointments: We understand personal matters do occur that may necessitate a cancellation; therefore we ask kindly for at least a 24 hour advance notification.</p> <p>No Show to Appointments: The definition of No Show is when a patient has a scheduled appointment and does not show up as scheduled and without cancellation notification to the office.</p> <p>New Patients:</p> <ul style="list-style-type: none"> • 1st No Show- Office will notify patient by phone call and remind patient of no show policy. • 2nd No Show- Office will notify patient by mailing a final letter indicating termination of services. (Appointment will not be rescheduled) <p>Established Patients:</p> <ul style="list-style-type: none"> • 1st No Show- Office will notify patient by phone call and remind patient of no show policy. • 2nd No Show- Office will notify patient by mailing a letter and policy reminder. • 3rd No Show- Office will notify patient by mailing a final letter indicating termination of services. Termination of services will include a grace period of 30 days for prescription refills. It will be the patient's responsibility to find a new physician and contact his/her insurance carrier for assistance with finding another physician. <p>*All No Show Episodes are subject to a \$25.00 fee.</p>
<p>Late For Appointment</p>	<p>We understand natural unplanned events may cause you to run a little behind. A call in advance would be appreciated; however if you are greater than 15 minutes late when arriving to a scheduled appointment your appointment will be rescheduled.</p>
<p>Insurance & Payment Responsibilities</p>	<p>Payment is expected on the date of service. This includes self-pay patients and your coinsurance and co-payments responsibilities. Failure to do so will result in the rescheduling of your appointment. There will be a \$35.00 fee charged for returned checks.</p> <p>Patients with an outstanding balance over 90 days that have not made a payment arrangement will be sent to collection, prevented from scheduling future appointments and discharged from the practice. Your account will then be turned over to a collection agency.</p> <p>Patients with manage care plans with an assigned provider will be responsible for making sure they have their referral in before see. You will not be able to be seen until this is complete and your appointment will be rescheduled.</p> <p>It is the patient's responsibility for verifying and knowing his/her insurance coverage, deductible, co-payments, etc.</p>
<p>Forms</p>	<p>A \$20.00 form fee will be charged for all forms completed in this office. Please note that some forms will require a face to face visit to be completed. Fees will be paid at time of service. .</p>
<p>Medical Records</p>	<p>Copies of medical records are available upon request. A fee of \$.25 cents per page will be charged for medical records provided to a patient. There is no fee of sending records to another provider.</p>
<p>Patient Dismissal</p>	<p>We have the right to terminate the patient relationship based on medical non-compliance, threatening or abusive behavior, failure to keep scheduled appointments and failure to pay as described in our dismissal policy.</p>

I have read and understand the office policy and agree to abide by its guidelines:

Patient Signature

Date