

## Richard L. Grandjean, M.D., P.A.

Diplomate, American Board of Family Medicine & National Board of Physicians & Surgeons

Fellow, American Academy of Family Physicians

Raintree Family Medicine

997 Raintree Circle, Suite 150 | Allen, Texas 75013-4954

(214) 327-3333 - Office

(469) 364-6138 - Business Office Fax

### OFFICE & FINANCIAL POLICY AGREEMENT

#### PLEASE READ THE FOLLOWING PARAGRAPHS AND SIGN BELOW

**PROFESSIONAL FEES & PAYMENT** - Fees are based on the level of training, complexity of the problem, and time spent. They are within the range of fee guidelines and most insurance company allowables. Please feel free to discuss billing concerns and questions with the Office Manager. Professional fees for services rendered are due prior to leaving the office. You may pay by cash, check, money order or credit card (American Express, Discover, MasterCard and Visa). In rare circumstances, payment arrangements may be considered after discussion with the Office Manager or Practice Administrator. There will be a \$35 fee for checks returned by your bank. Outstanding accounts will accrue interest at a rate of 12% per annum. ***If your account is referred to a collection agency or to an attorney for non-payment, you agree to pay a pre-suit collection fee equal to 50% of the outstanding balance, plus our attorney's fees and court costs, if we have to file a lawsuit against you for nonpayment.***

**INSURANCE** - We participate in most managed care plans, and we will bill your insurance plan as necessary. If we accept your insurance, you will be responsible for any co-payment and any un-met deductible on the day of service, and we will bill your insurance for the remainder. You are responsible for any service that is not covered by your insurance plan. If we do not participate with your managed care plan, the office will request payment in full at the time of service, unless other arrangements have been made with the Office Manager in advance. We may be able to bill your plan as a courtesy to you and credit your account if we receive any additional payment. If you are without health insurance and you are enrolled in the Jefferson Independence Card (<http://www.jeffersonicard.com>), your bill may be substantially reduced at the time of service. Knowing your insurance benefits and any restrictions or limitations (eligibility, covered benefits and medically necessary procedures) is ***your*** responsibility. Please contact the customer service department at your insurance company for questions regarding your coverage. ***You are responsible for any services not covered by your plan.***

- **PROOF OF INSURANCE** - All patients must complete and/or update our Patient Information Form at each office visit. You must furnish valid and up-to-date proof of insurance coverage. If you provide false or expired insurance information, you will be responsible for the balance of the claim. Please notify us of any changes in insurance coverage prior to your scheduled appointment. Insurance denials due to termination of coverage will be billed to you automatically.
- **CO-PAYMENTS, CO-INSURANCE AND DEDUCTIBLES** - All co-payments must be paid before leaving the office. Deductibles and co-insurance will be billed to you after the insurance company has processed your claim. By contractual law, protection of your insurance benefits requires us to charge for, and you to pay for, all required co-payments, co-insurance, deductible and non-covered services.
- **CLAIM SUBMISSION** - In most cases, we will submit your insurance claims and will assist you in any way reasonable to help get your claim paid. Your insurance company may need you to supply information directly to them. It is ***your*** responsibility to comply with their request in a timely manner. Texas insurance law requires your insurance to provide timely payment. Please be aware that the balance of your claim is your responsibility to pay, whether or not your insurance company has paid. We are not a party to your insurance contract.
- **REFERRALS** - If your managed care plan requires approval or authorization for specialist evaluation, radiological imaging studies or care in another medical facility, it is ***your*** responsibility to inform the office of this requirement ***prior*** to referral. We require 48 hours notice to facilitate a referral request, and we cannot issue retroactive referrals.

**SELF PAY PATIENTS** - Forest Park Family Medicine, Raintree Family Medicine and Richard L. Grandjean, M.D., P.A. recognize that some of our patients may be without insurance coverage, or may choose to receive care even when we are not "Participating Providers" with their managed care plan ("Out-Of-Network"). We do not believe in, nor do we endorse charging a fee greater than the fees we have agreed to receive from most managed care networks. Therefore, we have been instrumental in creating and developing the **Jefferson Independence Card** as a way for you to receive services at costs similar to the fees paid by many major managed care plans, in exchange for payment in full at the time of service. To learn more, and to obtain similar discounts on other healthcare services, please visit <http://www.jeffersonicard.com>.

**OTHER SERVICES, CHARGES & PATIENT RESPONSIBILITIES** - Insurance policies generally do not include coverage for many administrative services, such as requests for medical records, prescription refills or after-hours medical consultation. ***The following services may be assigned an administrative services fee that will be billed directly to the patient. You are responsible for payment of these charges in full.*** Our practice is committed to providing the highest quality of service to our patients, while keeping our charges for administrative services at or below the usual and customary charges of other medical practices in the area. All such administrative fees must be paid prior to scheduling future appointments.

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**OFFICE & FINANCIAL POLICY AGREEMENT (CONTINUED)**

- **MISSED APPOINTMENTS** - Broken appointments represent not only a cost to us, but also reduce the available time we have to provide medical care to others who could have been seen in the time set aside for you. We require 24 hour notice of cancellation to avoid a **\$40.00-100.00 cancellation fee** (depending on the type of appointment). While we strive to place a reminder call one or two business days before your appointment, it is your responsibility to remember your scheduled lab and follow-up appointments.
- **PRESCRIPTION REFILLS (INCLUDING CONTROLLED DRUGS)** - New prescriptions will not be issued without first seeing Dr. Grandjean. Prescriptions for acute care or chronic conditions are usually written with an appropriate number of refills to complete the course of treatment or to last until your next scheduled appointment. These do not require further approval for refills. Consult your pharmacist as needed. Requests for medication changes will not be handled over the phone (for example, brand to generic) - the patient must see Dr. Grandjean. **An administrative fee may be assessed if a refill is issued without the patient seeing the provider, a prescription is requested for mail-order, additional "extra" prescriptions are needed, or a pharmacy (or insurance plan) change is requested. Refill requests made during routine office hours will be charged \$15.00 for 1 to 3 prescriptions and \$25.00 for 4 or more medications.** Requests for refills will be handled between 9:30 A.M. and 3:30 P.M., Monday through Friday. Any refill request received after 3:30 P.M. will be handled the next business day. Please allow up to 48 hours for prescription refills to be processed by your pharmacy.
- **PRESCRIPTION PRIOR-AUTHORIZATION REQUESTS** - We will honor prior authorization requests. However, the patient will be responsible for contacting the insurance company or pharmacy benefit manager to have a prior authorization form sent to our office, and for asking what "alternative medications" are covered by their plan. **A \$15.00 fee may be assessed for completion of a prior authorization form.**
- **FORM COMPLETION** - All forms requiring medical review and physician signature - including school, day care, and camp physicals, prior authorizations, FMLA, disability or other paperwork - **may be subject to a per page administrative fee of \$15.00.** Administrative fees may be waived if the patient has a scheduled appointment in conjunction with the form completion request.
- **HEALTH CARE ADVICE** - With the advent of the internet and other sources of health information, we find that we are consulted for health care advice, oftentimes not related to the patient's current medical care or needs. Providing such information may require considerable thought and/or investigation on our part to coordinate with the patient's exact medical condition. Therefore, any such advice - when unrelated to the patient's current medical condition - **may be subject to an administrative fee of \$75.00 per quarter hour** of investigation and response.
- **AFTER HOURS CALLS** - **All after-hours calls for medical advice are subject to a \$25.00 fee, which may be waived at the physician's discretion.** This fee will be billed directly to you, and it is your responsibility to remit payment in a timely manner.
- **REQUESTS FOR MEDICAL RECORDS** - In accordance with Texas law, we require a written and signed request for the release of medical records. The administrative fee is based upon guidance from the Texas Medical Board, \$25.00 for the first twenty pages and \$0.50 for each page thereafter, plus actual mailing costs. Requests for more than 10 pages will not be faxed. Instead, records will be scanned to a CD and mailed to the address you request. Both federal and Texas law grants the office up to 15 business days to process requests for records - Please take this into consideration when requesting copies of your records. Requests for expedited copies will be subject to an additional \$50.00-75.00 fee, depending on the urgency and size of the chart requested. In some cases, a research fee of \$75.00 per quarter hour may apply to requests that are complex in nature.

All patients are required to acknowledge their understanding of, and agreement to comply with this Office & Financial Policy Agreement by signing the Authorization and Acknowledgment section below. Except for emergency care, patients may be denied services for their failure to abide by the terms of this agreement.

**I AUTHORIZE THE RELEASE OF ANY MEDICAL OR OTHER INFORMATION NECESSARY TO PROCESS INSURANCE CLAIMS. I ALSO AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO RICHARD L. GRANDJEAN, M.D., P.A. DBA FOREST PARK FAMILY MEDICINE AND RAIN TREE FAMILY MEDICINE.**

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PATIENT SIGNATURE

\_\_\_\_\_  
RELATIONSHIP TO PATIENT, IF MINOR

\_\_\_\_\_  
DATE