



Peter Krause, MD
Family Medicine

Office/Financial Policies

We are thankful you have chosen us as your medical home. Please read this document and fill out the forms completely and then sign your agreement. We will ask you to do so each year so we can be as up to date as possible. Of course, if there are any changes throughout the year, we ask you to inform us as those changes occur, so your medical chart is always up to date.

Care coordination program \$55.00 annual office fee: (CCP)

Each calendar year, our office charges an annual fee for our care coordination program. This modest fee helps cover the expenses incurred by the office that are not reimbursed by insurance carriers. Insurance does not cover and/or reimburse this annual fee. If enrolled with our CCP program you will continue to receive specialized care from Dr. Krause, but will also not be asked to pay additional fees for services throughout the year for items like basic forms, patient assistance programs, and prior authorizations.

Insurance: Our office contracts with many insurance companies and plans. Your insurance company provides you with proof of insurance. It is your responsibility to make sure that we are an 'in-network provider' for your insurance. We can only offer guidance on the types of plans we take. If you are not eligible for your insurance or if your declared PCP is not Dr. Krause (for HMO's and EPO's) your account will be considered a cash account with full payment due at the time of service.

If we are contracted as preferred providers with your health plan, we will bill your insurance company directly. If we are not contracted providers with your insurance company, we expect payment in full at the time of service. We will be happy to provide you with the information you need to bill your insurance for any eligible reimbursement.

Your individual insurance plan is an agreement between you and your insurance company. It is necessary for you to know the specific details of your own plan. It is especially important for you to notify us if there are restrictions regarding referrals for services to outside facilities or providers or specific coverage you have or don't. We try our best, but do not know all the details of specific insurance plans. We can provide codes for procedures and diagnosis that you can utilize when calling your insurance for coverage.

Vocabulary

Copays: Set amount you are asked to pay per visit regardless of the service received.

Coinsurance: A portion of the visit you may need to pay – usually a % of total allowable charge

Deductibles: An annual set amount you need to pay before insurance begins your coverage.

Patient Balance: As required by your insurance company, your copays are due at the time of visit. We do not send an invoice for copays. For your convenience, we accept cash, check, and credit cards. Patient balances *over 60 days past due from statement date* may be sent to *collections* if arrangements are not made with the billing department. Please call our office to discuss a payment plan.



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Returned Checks: There is a fee of \$30.00 for a returned check.

Failed Appts & Appts cancelled less than 24 hours in advance: Because we set aside time for you, a missed appointment represents time another patient could have been seen. If we are unable to schedule another patient during your slot, you will be charged a fee of \$50.00

Workers Compensation: We do not see work related injuries. You must see the Workers compensation health care provider that your employer policy is affiliated. If you are covered by a worker’s claim it is your responsibility to know the specific diagnosis codes they use for their services. If we accidentally use one of those codes and bill your insurance company for a regular visit, it may be possible that visit may not be covered.

All Third-Party Billing/Motor Vehicle Accidents: We do not bill your insurance company for third party billing situations (This is typically when a claim will be filed). There is a \$250 charge for all motor vehicle accident appointments; we can provide you with the required chart notes and billing documents to file your claim.

Non-Covered Benefits: Any professional fees that are not covered by insurance will be due at the time of service.

By signing my name below, I certify that I have read this document. Any questions concerning these policies have been discussed. My signature also certifies my understanding of, and agreement with the Peter Krause MD office policies.

- I verify that I am fully responsible for the fees and medical services provided by Dr. Krause
- If medical services provided by this office are deemed ineligible by my insurance, I am responsible for the full cost of the services.
- I understand that my balance is due and agree to pay in full any balance within 45 days of the statement date.
- I understand that charges on my account are deemed correct unless I notify the billing manager within 30 days.
- I understand that patient balances over 60 days past due from statement date may be sent for collections if arrangements have not been made with the billing manager.
- I understand the care coordination program (CCP) fee is due annually and is not covered by insurance.
- I understand I may be charged a \$50 no show fee if I fail to alert the office with at least a 24-hour notice.

Patient signature

Date

Print name



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Medications: Several medications are **controlled** by the DEA and require physicians to adhere to specific rules. These medications are controlled due to a risk of death to patients and potential addictions. Dr. Krause does not prescribe chronic pain medications and will not prescribe a combination of an opiate type medication and benzodiazepines together. Pain medication addiction/overdose risk is covered well in the media. What is less discussed, is the risk of dependence on benzodiazepine type medications and sleep aids. These types of medications should not become chronically used. If you are concerned about your use, please discuss this with the doctor.

For those who are using **testosterone supplements**, please be aware that this is also a controlled medication. It requires regular labs be drawn – a minimum of every 6 months. If you are unable or unwilling to do regular draws, testosterone will not be prescribed.

Each medication that the doctor prescribes has certain **monitoring** protocols. In order to continue to receive your medication in a timely manner, please schedule appointments as appropriate. If you take any medication at all, whether controlled or not, we require a minimum of an annual visit and the appropriate monitoring labs as required. If you don't know the requirements of your medications, please ask at your visit.

Medications prescribed by other providers. If you are being treated by a specialist for a health condition and will continue to see that provider, please maintain your prescriptions with that provider. When it's time for a refill call their office instead of transferring it over to Dr. Krause. This will assure there is no confusion with proper use. If Dr. Krause is taking over the care of that health condition, it is then appropriate to have him take over the prescription refill and changes.

Phone calls: We recently added a 4th phone line coming into the office to minimize busy signals. We apologize for the inconvenience if you do get a busy signal. If possible, we encourage the use of the portal. It is secure and your message is documented and assigned to a staff member who will respond back. Other staff members can also see the messages and help with the overflow unlike a phone call.

Requests for labs prior to a visit: We frequently get requests for 'basic labs' from patients. This doesn't really exist. We can 'guess' based on past medical history (if we have any) and there are some 'common' labs done however this isn't good medicine. It's ideal for a patient to come to a visit with the doctor to discuss their health in general. This might uncover some issues and he'll add something specific that would get missed with the 'guess' approach. What also can happen is that the diagnosis code chosen may not be correct or your insurance deems it not necessary and you can get charged for your labs. Exceptions to this are regular labs needing to be done for diabetes, thyroid conditions, lithium levels and testosterone.

Physicals: Just a reminder. Your annual physical is a time for you and the doctor to discuss preventative health testing and age specific health guidelines. Discussion of new health problems should be reserved for another appointment. If the doctor does address a new problem at your visit, you may be charged a separate fee.

Concerns: Navigating your health and the medical establishment can be complicated and difficult. We try our best to explain things and offer suggestions, but sometimes it's just not enough. Feel free to reach out to us with questions and concerns so we be your guide. Contact us on your portal, come into the office or give us a call. We will do our best to direct you.