

Tina Joyce D.O., LLC Policy for Patients

Thank you for choosing us as your healthcare provider. As part of the on-going effort of Tina Joyce D.O., LLC to effectively serve and communicate with our patients, the following information is being provided to you to help us serve you better. Our goal is to make your appointments effective, efficient and of maximum benefit to you. Please read the enclosed materials carefully and keep this policy for future reference.

Payment for Services Rendered/Insurance Issues

Your account at Tina Joyce D.O., LLC is your responsibility. Your medical insurance contract/policy is between **YOU** and your **INSURANCE COMPANY**. Co-pays are due at the time of service. We will assist you by processing your claims, free of charge. In order to do this accurately and efficiently please bring with you all insurance cards and claims information. Dr. Joyce will provide supporting documentation to your insurance company for questioned or rejected claims.

PAYMENT WITH INSURANCE

Due to the many changes in insurance policies it is not an easy task to interpret each individual policy. The staff tries to stay aware of these changes although it is not always possible. It is imperative that you, the patient, check with your insurance company prior to any service, test, or surgery to ensure that your company does not have specific requirements for reimbursement. **It is your responsibility to know your individual insurance coverage.** Failing to follow this suggestion could result in you being responsible for all costs incurred.

MOTOR VEHICAL ACCIDENT

Personal injury and motor vehicle accident patients are responsible for their accounts. It is our policy not to bill a patient's health insurance plan. We do not accept Letters of Protection from attorneys. We will provide status of your condition to your legal representative upon your written request, with the proper forms signed.

WORK INJURIES

Work related injuries are not billed to a patient's health insurance plan. Work related injuries are billed to either your employer's Worker's Compensation Managed Care Organization or their Self-Insured Fund. All injured workers are required to complete a First Report of Injury at our office on their initial visit. You are responsible for a \$100 fee to convert your claim to a Worker's Compensation case if you have been seen prior to authorization of your Worker's Compensation Claim.

NON INSURED

The fee range is dependent on many factors including time spent with you and the complexity of your visit. You will receive a discount if the whole visit fee is paid on the same date of service. Otherwise a minimum of 50% must be paid at the time of the visit and the rest will be billed. **No discount applies if the fee is not paid on the date of the visit.**

EVERYONE

You, the patient, are responsible for any collection fees, including legal fees and interest that are incurred to collect on the unpaid balance of your account. **Currently Tina Joyce D.O., LLC's policy is to send outstanding balances to an outside billing agency with an additional \$50 billing fee after three billing cycles.** To avoid this fee and other costs imposed by the outside billing agency please pay promptly or contact the office to make arrangements. This policy and the associated fee are subject to change without notice.

CHILDREN IN FOR A VISIT WITHOUT A PARENT

For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to Visa/MasterCard/Discover, or payment by cash or check at time service has been verified and a letter from the guardian giving permission to treat is on file. The adult accompanying a minor and the parents (or guardians) are responsible for payment in full.

Telephone Calls during Office Hours

Your call is very important to Dr. Joyce. Please notify the receptionist of the nature of your call so it can be triaged effectively. **Calls of a medically urgent/emergent nature take priority and will be returned promptly.**

Please Initial: _____

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Calls of a **non-emergent nature are returned by a medical assistant within twenty-four (24) hours.**

When calling, please provide the following information:

- Reason for the call;
- If you are currently ill;
- Telephone number(s), including your area code, where you can be reached.

In order for us to serve you effectively, your chart must be retrieved prior to the telephone consultation to ensure that accurate recommendations are given. All recommendations given are documented in your medical record. Telephone consultations are **NOT** a covered benefit under most insurance plans and we do not charge for brief consultations. Complex phone calls will need an appointment.

Appointment Cancellations

Your appointment is being saved for you. If you are unable to keep your appointment, we require at least twenty-four (24) hours advance notice of the cancellation so that someone else may use your allotted time slot. If you cancel an appointment less than twenty-four hours before your scheduled appointment time or you do not show for your appointment, you will be charged Twenty-Five Dollars (\$25.00). **YOUR INSURANCE PLAN WILL NOT COVER THIS COST. AFTER TWO (2) OCCURANCES, YOU WILL BE DISCHARGED FROM THE PRACTICE.**

Medications

Dr. Joyce's prescription policy is as follows:

- There is a **48 hours turn around policy for prescription requests.**
- Refills will only be written for current patients that are being seen for the indicated medications. **We are unable to refill another physician's prescription.**

Written Communications

Medical Records

If you require a copy of your medical record for any purpose, you are required to **submit the request in writing** on our Authorization for Release of Medical Information form. Requests made on behalf of other physicians will be done as a courtesy. Other requests will have a fee associated with it. We will inform you of the cost which is based upon the number of pages. Dr. Joyce follows the Ohio Revised Code guidelines for cost per page. Once we receive payment, we will process your request.

Forms

Please bring all forms requiring completion to your appointment and present them at the beginning of the appointment. **Turn around time for forms may be up to 7 days** depending upon the depth of information required by the forms. Simple forms, such as school physicals, when accompanied with an office visit will not have a charge. **More complicated forms will have a Ten Dollar (\$10.00) charge** for completion of each request.

We hope that this protocol enables you to better understand our office procedures. We hope that you experience with our office is favorable. Should you have any questions or concerns, please feel free to contact us. Thank you.

By signing this document, I acknowledge that I am responsible for knowing my insurance coverage, financial responsibilities, and that I am aware of the appointment cancellation policies.

Signature of Patient/Parent/Guardian: _____

Date: _____