



Kern Cardiology Medical Group - Since 1978

(Sam) Sarabjit Singh, MD. FACC. FSCAI

OFFICE POLICIES & PROCEDURES FOR OUR PATIENTS

Thank you for choosing Kern Cardiology Medical Group for your cardiovascular care.

We realize that you have a choice in medical providers and are pleased that you have chosen to seek care with us. The staff at KCMG strives to exceed expectations in care and service in order to make your experience with us as comfortable and stress-free as possible. Please feel free to contact our office if you have any questions concerning our policies.

PRIVACY OF HEALTH INFORMATION

Our legal duties and privacy practices with respect to your Health Information and your rights are posted on our website at http://kerncardiology.com/new_patients.html. It is also available in hard copy upon request.

OFFICE HOURS

Our office staff is available Monday-Friday, 8:00am to 5:00pm, *with the exception of holiday office closures*, and may be reached at (661) 327-0807. An answering service is available to assist you before and after these scheduled office hours if necessary. In the event of an emergency, please call 911. If you need to make an appointment, please call during regular business hours. On clinic days, questions or messages requiring the attention of medical staff will be answered at the end of the day, unless *urgent*. To help us better assist you, please provide detailed information pertaining to your question or concern.

APPOINTMENTS

We are committed to providing quality care to our patients. To ensure timely continued care, we encourage patients to arrive on-time for appointments. To ensure quality care, follow up visits are scheduled *after all testing/labs have been completed* so that results may be reviewed together and an effective and appropriate plan for your healthcare can be determined. Because clinic days are often fully booked weeks in advance with waiting list, it is the policy of this office that *cancellations must be made 24 business hours* in advance of scheduled appointments. Please let us know in a timely manner if you are unable to make your appointment and we will be happy to reschedule it for you at your convenience. However, the same appointment can only be rescheduled 3 times at most. If appointments are cancelled within 24 hours of scheduled times, **a no-show fee** will be added to your account. No Show Fees are assessed as follows:

- \$25 for doctor's appointments
- \$50 for each test scheduled (including showing-up without following testing instructions)
- \$800 for Nuclear Thallium imaging test (including showing-up without following testing instructions)

**Please be advised that no-show charges are patient responsibility and will not be billed to your insurance company.

INSURANCE

As a courtesy to our patients, our office is happy to file insurance claims on your behalf. We work with all the major insurances and our staff will verify it at your appointment. It is patient responsibility to inform our office of any changes in insurance coverage. Failure to do so could cause delay or denial of insurance payment.

Patients are responsible for co-pays *at time of service*. If your insurance company requires you to make a co-pay, coinsurance, and/or deductible we expect this payment at the time of service. In addition, you are responsible for any amount the insurance plan deems not covered, up to the entire amount. If we are unable to verify insurance coverage prior to scheduled appointments, patients will be responsible for fees

associated with office visits *at time of service*. However, we will return patient payments made for this reason should insurance later make payment on the claim (within 90 days).

STATEMENTS

You will receive a statement from our Billing Department once a month if there is an outstanding balance. The billing statement will itemize services as well as any payments, deductibles, or coinsurance amounts applied by your carrier. Payment is due within 15 days of receiving the statement. It is important to pay the balance within this time frame to avoid a \$25 late fee charge for each delayed month. If you do not understand your statement or have questions regarding your balance, please feel free to contact our Billing Department at (661) 327-0807 for clarification.

PAYMENTS

We accept cash, personal checks, MasterCard, & Visa. Payments by phone may be made by calling our office at (661) 327-0807 with a \$2 processing fee. Again, if you do not have insurance or have minimal coverage, please contact our billing department to discuss alternative options, discounts, and/or payment plans as appropriate. A fee of \$25.00 for checks returned to us for insufficient funds will be charged to your account. Future services will require payment by cash, money order, or credit card for your payment obligations. It is the policy of Kern Cardiology Medical Group to make all reasonable attempts to collect outstanding patient balances' should they accrue. We will mail out the statement twice and a final call. Following these attempts, the account will be considered delinquent and will be outsourced to a third party for collection.

Patient accounts that have been placed with the collection agency are considered a breach of the patient-physician relationship. For this reason, the patient's scheduled appointment will be cancelled and we will consider this as a voluntary withdraw services from our practice.

FORMS/LETTERS

We understand that at times, various forms or letters may be required to assist you with your healthcare needs. The staff and doctors will be happy to complete forms and write medical letters as necessary upon your request. However, because this can be time consuming, fees for this service may apply. While these charges vary, they generally range from \$5-25 per form. Costs will be discussed ahead of time, and prepayment is due at your request. Please allow 10-14 business days for completion of requested forms/letters.

MEDICAL RECORDS

Per HIPAA guidelines, copies of medical records must be requested in writing. To ensure your privacy, a form for release of medical information must be signed prior to receipt of these materials. Additional copies may be requested for \$1.00 per page for the first 25 pages, and \$0.25 for each additional page. CDs of your tests can be created for \$25.00 each. Legally, medical offices have up to 30 days to complete requests for records. However, we will put forth every effort to respond to these requests within days of receipt.

PRESCRIPTION REFILLS & PHARMACY INFORMATION

We strongly recommend using only *one pharmacy* for all of your prescription needs. Please be sure *pharmacists are aware of any possible drug allergies* you may have. If you need a prescription refill, *please call your pharmacy* and have them sent **on-line or faxed to our office at (661) 327-7593**. Requests received after 3:00pm will be processed the next business day.

Changes and/or new prescriptions can only be completed by the physician. Please do not ask staff to alter your medication(s) or dosing instructions.

NON-DISCRIMINATION POLICY

We Do not discriminate against any person on the basis of race, color, national origin, disability, or age (and any other bases you wish to include) in admission, treatment, or participation in its programs, services and activities, or in employment, or on the basis of sex in its health programs and activities. For further information about this policy, contact our office manager at 661-327-0807.

We appreciate your understanding and corporation.