

RED RIVER FAMILY PRACTICE, LLP

Michael E. Killian, M.D.

Cynthia Brinson, M.D.

J. Eric Lambeth, M.D.

Gary L. Werntz, M.D.

Mary Bartz, M.D.

Steven B. Hutto, M.D.

Patient Name: _____ Date of Birth: _____ Date: _____

We are pleased you have chosen Red River Family Practice for your healthcare needs. The Physicians and staff are here to help in any way possible. Please take a moment to review and initial the following office policies. If you have any questions, please see our front office staff, call the office at 512-476-6555 or send us a message through our Patient Portal.

Appointments

___ **Late arrival:** We ask that you arrive 15 minutes prior to your appointment time in order to update your registration and/or insurance information. If you are more than 15 minutes late from your appointment time, you may be asked to reschedule.

___ **Late Cancellation/No Shows:** We require a 24 hour notice if you need to cancel or reschedule your appointment. Late cancellations, reschedules and no shows are subject to a \$30 fee.

Fee for Service

___ **Health Forms:** Any form completed (without an appointment) is subject to an administration fee up to \$30.

___ **Digital Treatment:** Patient portal messages requiring a doctor's evaluation is a billable service. You are responsible for any fees not covered by insurance.

___ **After Hours:** After-hours care that require a Physician's evaluation is subject to a \$30 phone charge or an Evaluation and Management charge to your insurance plan which may be subject to a copay or deductible.

Communication

___ **Calls/Voicemail/Patient Portal:** Clinically trained medical staff answers calls, checks voicemails and responds to portal messages in between scheduled patient appointments throughout the day. All messages/voicemails are responded to in order of priority/level of urgency. For that, non-urgent inquiries may take up to 48 hours before you receive a response.

Prescriptions

___ **Refills:** Our doctors will fill your medication with the appropriate amount of refills until you are due for your next appointment. If that is not the case, please allow up to 48 hours for processing any refill requests.

___ **Prescription Transfers:** Medication transfers should be requested from the pharmacy directly. Any medication transfers completed by a physician and/or our staff are subject to an administration fee up to \$30.

___ **Requests for a Medication Change/New Medication:** A medication change and/or a new medication request will not be authorized by phone/patient portal. If you would like to change your prescription or would like to request to start a new medication, an appointment with your physician is required.

Lab Services

___ **Reference Lab:** Our primary lab, Quest Diagnostics, has a location conveniently located on-site. A lab appointment is required for any lab drawn on-site.

___ **Denied Lab Claims:** To help assist with treatment plans and determining a diagnosis, our doctors commonly will order tests. With insurance plans constantly changing, it is impossible for our clinicians and staff to know specifically what each insurance plan will cover and/or which lab is preferred. If you have questions regarding a bill received from an outsourced entity, you will need to contact the facility listed on the bill directly (not Red River Family Practice).

___ **Results:** You will receive a report on results ordered by our practice within 5 days from the date received. Our office will notify you of the results by portal (if applicable) or by phone, addressing urgent results first. If you have not received your test results and it has been 5 days or more, you then should contact our office to receive them.

I, _____, have read and agreed to the above policies.

Signature of Patient or Authorized Representative

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INSURANCE AUTHORIZATION

Patient: _____ DOB: _____ Chart# _____

We are participating providers for many of the PPO and HMO Health Plans. As the Insurance plans change Administrators, your plan may fall under another carrier. Please make sure to contact them directly to check their current participating Provider list.

If we are contracted by your plan, we will file your claim, clean and timely. We will furnish them with all the information they need to process your claim. However, at times your plan may not respond if they are missing information from you. Please, follow up with their requests timely to allow your plan to complete the request for payment to your Provider.

Annual Exams are a once-a-year Physical exam. You may know this as the "Free Annual" which was defined by the Affordable Care Act to encourage Preventative Healthcare which includes the following. (This is covered by most Insurance companies):

- *Health Promotion Counseling
- *Preventative Screenings
- *Immunization Updates
- *Pap Smear and Breast Check for Women

Yearly exams that include refills for your Medications, Labs for Chronic or New Issues or discussion of Chronic or New Issues are not considered Routine or Preventative. These Visits are documented and coded with the proper diagnosis and Evaluation/Management codes which are subject to your copay or deductible.

Please keep us posted timely with any new Insurance plans you may have to keep your account up to date and claims filed within their contracted limits.

I, _____, authorize Red River Family Practice to release to my Insurance carrier any information required in the course of my examination and/or treatment. I also authorize the use of this signature on all claim submissions and authorize payment of medical benefits to Red River Family Practice. I understand that I am financially responsible for all charges incurred whether or not they are covered by my insurance carrier.

Patient or Representative's Signature

Date