



Patient Information Package

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1. Department Contact Information & Hours of Operation

Administration	Monday - Friday 8:00 am - 5:00 pm	(410) 964-6100
Billing	Monday - Friday 8:00 am - 5:00 pm	(410) 964-5900
Clinical Operations	Monday – Friday 8:00 am – 5:00 pm	(410) 964-8510
Family Practice Theresa Shunnarah, Manager 410-964-6204	Monday - Thursday 8:00 am - 8:00 pm Friday 8:00 am - 5:00 pm Saturday 8:00 am - 12:00 pm	(410) 964-6200
Gynecology Lorna Foye, Office Assistant 410-964-5432	Monday - Friday 8:30 am - 5:00 pm	(410) 964-4600
Internal Medicine Kimberly Burkman, Manager 410-964-5371	Monday - Thursday 8:00 am - 8:00 pm Friday 8:00 am - 5:00 pm Saturday 8:00 am - 12:00 pm	(410) 964-5300
Pediatrics Anna Brendel 410-964-6207	Monday - Thursday 8:00 am-8:00 pm Friday 8:00 am - 5:00 pm Saturday 8:00 am - 12:00 pm	(410) 964-6300
Rheumatology Nikki Dawson, Office Manager 410-964-6139	Monday & Wednesday 8:00 am - 4:30 pm Tuesday & Thursday 8:00 am - 5:00 pm Friday 8:00 am - 12:00 pm	(410) 964-6139

2. **Answering Service** Phones are forwarded to the answering service to take a message to help with your medical needs after regular business or closure for inclement weather. The answering service will send a message to the On-call Provider to contact you. If you do not get a response within 30 minutes, please call and ask the operator to resend the message.

3. **Inclement Weather** In the event the practice is closed due to inclement weather, we will attempt to contact patients to reschedule appointments. If you are concerned about coming in for an appointment because of weather, we suggest that you call the office to see if we are open or to reschedule.

4. New Patients

- Please arrive 20 minutes prior to your appointment time to complete registration and any paperwork. Please bring your current insurance card and photo identification.

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- For your convenience, you can review and download medical history form from our website at www.cmpractice.com.
- Please be sure to review the benefits covered by insurance that will be used for services provided by CMP. Please contact your insurance company in advance of your appointment if you have any questions regarding your policy.
- At your first visit, and annually thereafter, you will be provided with information about patient rights and our policies and be asked to sign an acknowledgement that you have received and understand the policies regarding HIPAA designated agents.

5. Appointment Scheduling

- Appointments can be made by:
 - calling the main department phone number to schedule an appointment with the operator,
 - using the patient web portal “Follow-My-Health” to request an appointment, or
 - Making an appointment for a follow-up visit prior to leaving the office.
- We offer Same-Day appointments for urgent medical problems. In the event that there is not an opening with your preferred provider, you will be offered an appointment with another provider in our practice if appointment openings are available on their schedules.
- When you make an appointment, please identify:
 - your preferred provider, and
 - examples of types of visit and reason:

Type of Visit	Examples of Reason for Visit
Acute/Sick	Sinus infection
Follow-up	Hypertension
Immigration	Immigration
Pre-op Exam	Eye surgery
Preventive/Wellness	Wellness/Health Maintenance
Same Day	Urgent Conditions
Travel Medicine	Travel Destinations
Worker Comp	Back strain

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- Please notify our staff when you make the appointment if the reason for your appointment is related to a work injury or motor vehicle accident. You will be asked to bring the appropriate billing information to your appointment.
- Please contact us if a major change occurs in your medical condition so that your provider knows about the changes and can be contacted if needed.
- Patients who have not received care in the previous three years from a CMP provider within the same specialty will be scheduled for a “new patient” appointment.
- We use an automated reminder call service that will contact you two days prior to your scheduled appointment. You will be able to confirm or cancel your appointment through this service. Please respond to this call so that we may accommodate patient needs.

6. Evening & Saturday Office Hours – Family Practice, Internal Medicine & Pediatrics

- Our primary care departments offer weekday evening appointments and Saturday mornings. The providers work extended hours in rotation so you may not be seen by your usual provider during extended hours.
- The state of Maryland requires most insurance carriers to pay an additional fee for an office visit after 6:00 pm and before 8:00 am during the weekday and anytime on weekends. Your insurance may be billed for an additional after-hour’s fee. Some insurance carriers may apply higher primary care co-pay for after-hours appointments.
- Please be advised that you may be responsible for a portion of this fee for deductible and co-insurance based on your individual insurance policy.

7. Patient Registration & Insurance Information

- We participate with most major insurance plans. If you are not insured by a plan with which we are contracted, payment is expected at the time of visit.
- As part of the registration process you will be asked to:
 - provide a photo ID to verify your identity,
 - provide or confirm demographic information on file,
 - provide insurance card(s) for insurance verification purposes, and
 - sign a form acknowledging your financial responsibility for services provided.
- At your first visit and annually thereafter, you will also be given a “Notice of Privacy Practices” and Authorization for Release of Personal Health Information (PHI) Form. You should list any and all persons that you want medical and billing information released to, including but not limited to pick up of prescriptions, medical records and referrals.



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This release will expire one year from date of your signature unless cancelled in writing prior to that time.

- If you arrive for your appointment without your updated insurance information for verification, you will be rescheduled or ask to pay in full for services provided. If you are able to provide your insurance information at a later time, our billing office will submit a claim to your insurance. We will issue a refund to you or the guarantor for any amount that you have overpaid if there are no outstanding balances on your account.

8. Insurance Co-Payments must be paid when you check-in if your policy requires a co-pay. This is your responsibility as part of your contract with your insurance company.

9. Electronic Registration – Phreesia Pads

Columbia Medical Practice utilizes an electronic check-in system to provide a secure and confidential environment to review and update personal information and pay co-pays or outstanding balances. Patients with a high balance have the option to set-up monthly payment arrangements.

10. Insurance Claims - Supplemental Information

- For some services, your insurance plan may need additional information from you such as primary insurance information, injury/accident details or pre-existing history data in order to process your claim.
- It is important for you to comply with their request. If you do not supply the necessary information, the claim submitted by CMP for services may be denied, making you responsible for payment.

11. Work Related Injuries

- You must provide the information listed below at the time of check-in to ensure correct billing of your claim to the appropriate carrier:
 - ❖ Accident Date & Claim number
 - ❖ Claim adjuster's name and contact information (if available)
 - ❖ Name of Employer
 - ❖ Name of Insurance Company, Billing address/phone number
- If complete insurance information is not provided at the time of check-in, you may be responsible for payment for the visit.
- **Please note:** Medical insurance carriers will not cover claims for work related injuries.

12. Motor Vehicle Accident Visits

- “Personal Injury Protection” (PIP) coverage for treatment of an injury sustained in an automobile accident is provided by the company that insures the car in which the patient was riding.
- The information listed below must be provided at the time of check-in to ensure correct billing of the claim to the appropriate carrier:
 - ❖ Name – if the patient is not the driver
 - ❖ Name of Insurance Company providing Personal Injury Protection
 - ❖ Billing address/phone number
 - ❖ Policy Number & Claim Number
 - ❖ Claim adjuster’s name and contact information (if available)
- If complete insurance information is not provided or there is no PIP coverage for the injury or at the time of check-in, the patient will be responsible for payment for the visit.
- **Please note:** Medical insurance carriers will cover claims auto accident related injuries after the personal injury protection benefits are exhausted.

13. Insurance Plan Non-Covered Services

- Your provider will discuss all recommended tests, procedures or treatments with you based on an assessment of your condition and appropriate medical guidelines.
- Please be aware that your insurance carrier may consider certain services ordered by your provider to be non-covered by your insurance carrier based on the benefits and limitations of your specific policy.
- If you have questions regarding your policy, please call the phone number on your insurance company card in advance of your appointment or ask for assistance from the CMP Billing Department.
- You are financially responsible for any charges your insurance carrier does not cover.

14. Self-Pay/Un-Insured

- You are responsible for payment in full at the completion of your visit based on our self-pay fee schedule. Please Note: the final cost for your visit will depend on the services provided.
- If you are unable to pay in full at the time of the visit, our billing department can assist you with setting up a monthly payment plan arrangement.

15. Preventive & Wellness Visits – Insurance Coverage

Preventive care visits are generally covered by health insurance. Please review your coverage before the visit.

- ❖ Adult Patients – Most insurers provide coverage for an annual preventive/wellness visit. These appointments are for health screening only.
- ❖ Medicare Patients Go to www.medicare.gov for detailed information
 - The “Welcome to Medicare Visit” must be performed within your first 12 months of the date of enrollment. Please note: Per Medicare guidelines, a complete physical is covered, however, some diagnostic tests such as lab tests are not covered. For more information: Welcome To Medicare Q&A.
 - “Medicare Yearly Wellness Visit” are intended to develop or update a personalized plan to prevent disease or disability based on your current health and risk factors. Covered after the first 12 months of enrollment. Please note: Per Medicare guidelines, a physical exam and diagnostic tests are not covered.
- ❖ Pediatric Patients: Prevention and Wellness appointments are scheduled for based on benefit plan coverage and guidelines from the American Academy of Pediatrics.
- If you request a prescription refill or need treatment for a medical problem during a physical/wellness appointment, insurance plans require that we document this as a separate evaluation and management (E&M) service that will usually result in an additional charge that may be treated as a deductible, co-insurance and/or co-pay under your insurance policy.

16. Late Arrivals You *may* be asked to reschedule your appointment if you arrive 10 minutes or more late. This decision will be made by either your provider or the department manager.

17. Missed Appointments

- If you need to cancel an appointment, please contact our office at least 24 hours prior to your appointment In order to make appointments available to other patients and avoid a missed appointment fee.
- The fees for a missed appointment not cancelled at least 24 hours prior to your appointment are shown below:
 - ❖ \$25.00 Routine and Sick visits
 - ❖ \$50.00 Physical/Wellness/Health Maintenance
 - ❖ \$50.00 Ancillary/Diagnostic testing

18. Outstanding Patient Balances

- You will receive a monthly statement showing all outstanding balances after your insurance has paid their portion of the cost for the services provided.
- If you cannot pay your balance in full, please contact our billing department at (410) 964-5900 to arrange a monthly payment plan agreement to ensure that you are able to satisfy your financial obligation to CMP.
- You *may not* be able to schedule another appointment if your account is delinquent. This decision will be made by either your provider or the department manager.

19. Non-Payment/Delinquent Accounts

- If your patient balance is more than 60 days past due, you will receive a letter stating that you have 10 days to pay your balance or make payment arrangements to avoid further collection activity.
- In the event that your account is turned over to a collection agency, you will be responsible for all reasonable collection/attorney fees plus filing and processing costs.

20. Medical Record Requests - Authorization

- An Authorization for Release of Private Health Information (PHI) is required by Federal and State privacy laws in order to process a request for release of records.
- You can obtain a copy of our release form from the forms tab on our website www.cmpractice.com or by calling 410-964-8510 to request a copy.
- The completed form should be faxed to CMP 410-964-8508 or mailed to the address below.
Columbia Medical Practice
Suite 215 - Medical Records
5450 Knoll North Drive
Columbia, MD 21045
- The following processing fees apply to preparation and copying of medical records based on Maryland state law.
 - ❖ \$0.76 cents for each page of the medical record
 - ❖ Cost of postage and handling
 - ❖ Preparation fee of \$22.88 if records are sent directly to another provider

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- ❖ A flat rate of \$25.00 is charged for CD or release for records of 25 pages or more through our secure FTP server.
- Note: These fees are subject periodic changes to comply with Maryland state regulations.
- Payment for medical records requests must be received prior to release of copies. There is no charge for copies of records sent to another health care provider.
- We require *up to* 5 business days to process a medical records request.

21. Forms Completion

- Family Practice, Gynecology, Internal Medicine & Rheumatology departments charge for completion of medical forms such as workers compensation, disability and school forms. Applicable fees must be paid at the time of pick-up.
- Pediatrics does not charge for completion of forms.
- You may be required to schedule an appointment prior to completion of these forms if you have not been seen within a reasonable period of time as determined by your provider.
- Please note, you must complete and sign the patient portion of forms prior to bringing them to the office for completion.
- We require 5 business days for completion of some forms.

22. Prescription Refills

- We require up to 3 business days to process prescription refills.
- Most prescriptions will be electronically sent to your pharmacy, however, some prescriptions must be picked up and taken to the pharmacy.
- You or your authorized representative (listed on your Notice of Privacy Practice form) must present a photo ID to pick up prescriptions.
- Prescriptions for controlled substances cannot be mailed to patients.
- We suggest that you consider Mail Order Pharmacy if you have the option. Mail Order Pharmacies save money and time for the patient.

23. Referrals (Specialty Care within CMP)

- Your insurance may require a referral from your PCP prior to your visit with a specialist. You are responsible for obtaining the referral from your primary care provider.
- If you do not have a referral when you come for your appointment, you will be offered the option to reschedule or sign a waiver of insurance and pay in full at the time of the visit.

24. Referral Requests (Specialty Care Outside CMP)

- If your insurance requires you to obtain a referral (paper or electronic) to see other physicians, we require 5 business days to process all referrals (except for urgent/emergency visits).
- We ask that you schedule your specialist appointment prior to requesting your referral to ensure that your referral does not expire prior to your visit.

Phone: 410-964-8510 Fax: 410-964-8508

25. Pre-Authorization Requests

- Insurance companies frequently require that specific prescriptions, procedures or supplies be pre-authorized to ensure that your out-of-pocket expense is minimized.
- Please be advised that it may take up to 7-14 days to receive pre-authorization notice from your insurance carrier (except for urgent/emergency medical needs).

Phone: 410-964-8510 Fax: 410-964-8508

26. Messages for Providers - Returned Calls Non-Urgent calls will be returned within 1 business day by your provider or by a staff.

27. Test Results

- For patients who have a patient web portal account, lab test results will automatically published after your provider has reviewed them.
- Our goal is to notify Patients by their provider or clinical staff within 5 business days of CMP receiving results.
- Your provider will review your results with you at the time of a pre-scheduled appointment if tests were completed in preparation for this visit.

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28. Patient Satisfaction Our goal is to provide services that meet your needs in the most efficient and effective manner. Your feedback will help us to understand your experience and to identify ways we can improve our operations. You may provide feedback in several ways:

- Email your comments to customerservice@cmpractice.com
- Complete a Patient Satisfaction Survey at the end of your visit to rate your experience with the appointment & registration processes and with our providers and staff.
- Use the Suggestion Box in the waiting rooms.

29. CRISP is an independent non-profit organization that serves as the designated Health Information Exchange (HIE) for Maryland for the secure electronic exchange of information between providers to assist with your health care. Consult their website for additional information: www.crisphealth.org If you do not wish to have your health information exchanged by your providers through CRISP you may opt-out by doing one of the following:

- Call 1-877-95-CRISP
- Email HIE@crisphealth.org
- Download forms from www.crisphealth.org and mail to the address shown below
CRISP
7160 Columbia Gateway Drive, Suite 230
Columbia, MD 21046

30. Customer Service Feedback

- Feedback from our patients and their families is very important to us, and critical to our identifying areas where we can to improve.
- You may discuss concerns or comments with a manager or with a representative from Administration in Suite 180, 410-964-6100.
- Administration is also available to discuss your concerns. Do not hesitate to contact the administrative office at 410-964-6100 and you will be forwarded to someone for assistance.

31. Dismissal

If you are “dismissed” from the practice it means you can no longer schedule appointments, get medication refills or consider us to be your provider. You have to find a doctor in another practice. Reasons for dismissal include:

- Failure to keep appointments (3), frequent 3 no-shows

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- Noncompliance, which means you won't follow physician instructions about an important health issue
- Refusal to pay your bill
- Abusive behavior to staff

We will send a letter to the address on record, via certified mail, notifying you that you are being dismissed. If you have a medical emergency within 30 days of the date on this letter, we will see you. After that, you must find another doctor. We will forward a copy of your medical record to your new doctor after you let us know who it is and sign a release form.

32. Patient Portal

CMP utilizes **FollowMyHealth** www.followmyhealth.com as our patient web portal to provide secure access to your health information and to communicate with CMP on-line – **24 hours a day/ 7 days a week** from any computer, smartphone or tablet. The features available on the portal include:

- Appointment request
- Lab results
- Medical record information
- Messaging your provider
- Prescription refill request
- Referral request

The process to create and link your account to CMP is as follows:

1. **You will receive an email “Invitation to join FollowMyHealth”** from FollowMyHealth <noreply@followmyhealth.com> with a “Click Here” link to begin the registration process.
2. Choose a login method on the registration screen. You can create one by clicking to use an ID you already have for Google, Yahoo, Facebook or Windows Live accounts. (See note below.)



3. If you do not already have one of these accounts, you will be prompted to create a Google account for a login.
4. Accept the agreement to share your email/username. This is solely for the purpose of authenticating your online health record account. Your email will never be shared or sold.
5. Enter your Invitation Code = year of your birth. Click “Agree” to the release of information.

After you have an account, you can access it directly at www.followmyhealth.com or from the CMP home page www.cmpractice.com by clicking the Patient Portal tab to go to the portal log-in page.

Note: You must use the same log-in method that was used to create your account.