



OFFICE PROTOCOL

We would like to thank you for making an appointment with our office. Becoming familiar with our office policies will help our staff serve you more efficiently.

1. If your insurance company requires a referral for specialist office visits, you are responsible for providing this office with the information required to complete a referral request to the insurance company. A message may be left on the voice mail (prompt 5) for the Referral Coordinator.
2. A 24 hour notice is required to cancel/reschedule your appointment. There is a \$25.00 fee per 15 minute appointment slot scheduled, \$75.00 fee per 30 minute appointment slot scheduled or Physical Exam. This fee is not covered by insurance and will be due prior to your next appointment.
3. If your insurance turns down a claim because it is not a covered service under your plan or because it is a pre-existing condition, you are responsible for payment of these services.
4. At the time of our visit; you will be responsible for paying the portion of the bill not covered by your insurance. This includes co-pays for each provider and laboratory visit. Please become familiar with your insurance requirements.
5. All results of lab test, radiology tests, and any other results will be available on the Patient Portal.
6. Prescription refills are to be requested thru your pharmacy. The pharmacy will send an electronic request for the refill to this office. **CALLING THIS OFFICE WILL DELAY THE REFILL.**
7. **Narcotic medications will NOT** be prescribed over the phone after office hours.
8. For prescriptions requiring a prior authorization, there will be a charge of \$10.00 per prescription to be paid before the prior authorization is done. To help with prescribing a medication that will be covered by your insurance, bring the Formulary list that is provided by your insurance.
9. A written authorization is required if any other person is picking up your written prescription, samples, records, etc.
10. Medical forms (ie: FMLA, work related or for surgery), there will be a \$35.00 charge. If you have an office visit that requires you to have these forms filled out you will be charged your copayment and the form charge.

FINANCIAL POLICY

Our office accepts all major credit cards as well as cash or check. All co-pays are the patients' responsibility and are due at the time of service. All outstanding balances are due within 30 days unless prior arrangements have been made with the Billing Department. All balances that reach 90 days past due may incur a past due fee of \$25.00 and be sent to a collection agency. This may also result in being discharged from the practice. If your account is turned over to an outside collection agency, you will be responsible for your entire balance plus a collection fee equal to 34% of your account balance. You will then be required to reconcile your balance with the collection agency. It is important for you to understand that your health insurance coverage is an agreement between you and your insurance company. Your doctor's bill for services provided to you is an agreement between you and your insurance company.

MANAGED CARE ACKNOWLEDGEMENT

The patient is responsible for understanding the benefits that are included in his/her insurance policy.

CONTINUITY OF CARE ACKNOWLEDGEMENT

I understand that should it become necessary for me to see a specialist, my medical history will be sent to said specialist, if requested by myself or the specialist.

SEE BACK

NURSE PRACTITIONERS/PHYSICIAN ASSISTANTS:

Definition: Nurse Practitioners (NP) and Physician Assistants (PA) are health care professionals who have advanced educational and clinical practice and work under the supervision of the physician. Nurse Practitioners and/or Physician Assistants are utilized to practice and take after-hour calls for this office. The supervising physician is always available to collaborate with the NP/PA when necessary or appropriate for your care.

Under state law and approval of the Physicians in this office, the following procedures are allowed:

1. Performing physical exams and taking health histories.
2. Assessing and evaluating common symptoms of the acute illnesses such as colds and infections.
3. Prescribing and managing medication regimens.
4. Treat minor injuries.
5. Screening and preventative services: immunization, blood screening.
6. Assess return visits.
7. Educational instruction

HEALTH INFORMATION EXCHANGES

Health Information Exchanges (HIE) allow health care providers including Alpharetta Internal Medicine and Emory Healthcare, to share and receive information about patients, which assists in the coordination of patient care. Alpharetta Internal Medicine and Emory Healthcare participate in a health information exchange that may make your health information available to other providers, health plans and health care clearinghouses for treatment or payment purposes. Your health information may be included in the health information exchange. We may also make your health information available to other health exchange services that request your information for coordination of your treatment and/or payment for services rendered to you. Participation in the health information exchange is voluntary, and you have the right to opt out. Please see the "Right to Request Restrictions" section to learn about opting out of the HIE. Additional information on the Alpharetta Internal Medicine and Emory Healthcare's HIE can be found at our website, www.emoryhealthcare.org/ehealthexchange

By signing below, I acknowledge that I have received the Office Protocol, Electronic Patient Service, Managed Care Acknowledgement, and Definition of Nurse Practitioner/Physician Assistant, and had the opportunity to read, if I so choose, the HIPAA Law.

Patient Name (Please Print)

Date

Patient Signature

Parent or Authorized Representative (if applicable)