

Hill Country OB/GYN Associates

Office Policies and Procedures

Appointments:

Patients are seen in the office by appointment only. We value your time and will do our best to run on time. Appointments may be made by telephone, requested via our website or some routine appointments can be booked through your patient portal on a live schedule. The doctor expects to see you at your scheduled appointment time. Coming even few minutes early will help us run on time by taking care of insurance verifications and clinical history etc.

We send annual and scheduled appointment reminders via text and/or email which **you must opt in** to receive. We will not call to verify appointments. It is extremely important to confirm the appointment upon receipt of the email or text to insure that we know you are planning to attend your appointment.

If a physician cancels your appointment in less than 24 hours we will do our best to coordinate a visit with a nurse practitioner or another doctor.

Please come 10 minutes early for your appointments with your insurance card and driver's license. Please be prepared to present your insurance card at each visit. All insurance changes are to be reported by the patient. If you do not have your insurance information at the time of service you will be considered self pay. Correct insurance information insures that we meet filing deadlines set by your insurance carrier. If you present the information at a later time we will file as a courtesy, but if the claim is rejected then you will be responsible for the full amount.

In the event you are unable to keep a scheduled appointment, please advise us as soon as possible. This allows us to keep a flexible schedule for our patients.

- There is a \$50 fee for no-show appointments and for any appointments cancelled in less than 24 hours. This will not be covered by your insurance company.
- A cancellation is considered late when the appointment is cancelled less than 24 hours before the appointed time.
- A no-show is when a patient misses an appointment without cancelling. In either case, we will require to keep a credit card on file and bill the patient the \$50.00 fee.
- If no shows and late cancellations become excessive you may be subject to dismissal from our practice.
- Patients with 3 no shows will not be allowed to schedule an appointment in advance.
- Our office notifies Medicaid of all no shows. Contact X293 for assistance with all appointment needs.
- If you would like to request special consideration for a no-show or less than 24 hour cancellation, email our administrator at d.merrill@ahcobgyn.com.

Patient Portal:

Hill Country OBGYN offers a secure patient portal as a service to patients who wish to view their records and communicate with our staff. We encourage all of our patients to sign up for this service as a valuable communication tool, however the portal is not to be used in Emergency or Urgent matters. Proper Subject Matter would include: Questions for clinical staff, lab results, appointment requests, routine follow up, refills, and payments. All messages sent through the portal become a permanent part of your medical record. Only records and results sent to you by a Hill Country OB/Gyn staff member will be available for review in your portal not the entire chart. **Please do not call and send a portal message.** This delays our staff in answering questions timely if we are reviewing duplicate messages. We respond to all messages as quickly as possible and in the order of urgency.

Hospital Access to Records:

Effective November 15, 2016 Hill Country OB/Gyn will work exclusively at St. David's South Austin Medical Center. With a HIPAA Business agreement in place we have elected to provide certain key employees access to records via our EMR. This provides up to date clinical information when treating you that is imperative in all clinical settings, not just an emergency. Your record will only be accessed if you are a patient of the hospital. There is an audit track of records accessed by user.

Insured Patients:

In order to accommodate the needs of our patients, we have enrolled in numerous managed care insurance programs. While we are pleased to be able to provide service to you, it is very difficult to keep track of all the individual requirements. Even within the same insurance company, plans differ depending upon what type of contract your employer has negotiated. Providing quality medical care for our patients is our primary concern.

We highly recommend that you read your insurance booklet or contact your insurance company about your benefits. Insurance is a contract between you and your insurance carrier. We will not become involved in disputes between you and your insurance carrier regarding deductibles, co-payments, covered charges, pre-existing, etc.

Providing that your physician is contracted with your plan, we will file the claim for you. You are responsible for your co-pay, deductible, or coinsurance at the time of service. If we can verify that you have met your deductible, you will be responsible for only your coinsurance. If your plan requires prior authorization to see a specialist, you are responsible for getting the referral to our office before the day of the appointment.

You will be billed for any non-authorized office visits. Verifications are an estimate, and not a guarantee of benefit responsibility.

Medicaid Patients

If at any time you enroll in Medicaid, we are contracted only with Traditional and Superior. A copy of your eligibility is expected at each visit. If you are on a plan that we are not contracted with you will be billed as self pay and subject to collections.

Uninsured/ Self pay Patients:

Payment is expected at the time of service unless other arrangements have been made in advance. A 20% discount is extended for prompt payment at the time of service and will not apply at a later date. For your convenience we accept VISA, MC, Discover, AMEX, Care Credit, personal checks and cash. If you are unable to pay in full, please contact x116 prior to your visit to make arrangements.

Deposits and Payments:**Surgery Deposits/ OB Deposits/ Devices**

As a courtesy to our patients with insurance we will verify your responsibility prior to services being rendered. The verification obtained is an estimate, and not a guarantee of benefit responsibility.

Payments are collected prior to the procedure date. Our billing specialist will contact you with your estimated responsibility per your insurance. If you are unable to pay in full for non-elective procedures, please contact x109 prior to the procedure date to make arrangements. Elective procedure deposits are expected prior to the surgery date.

Surgery Cancellations Fees: Patients will be charged cancellation fee based on the following time criteria:

- Cancellation in less than 1 business week: \$100 fee
- Cancellation in three business day or less: \$175 fee
- Same day cancellation or No show to hospital: \$250 fee

Statements and Collections

Electronic statements are sent monthly and payment is due upon receipt. At 91 days past due accounts may be sent to collections. Please contact our business office at X116 to set up payment arrangements if necessary.

Payment Arrangements

We accept Care Credit for payments and also have applications available for those who wish to apply. Payment arrangements are also accepted with a direct debit/credit card kept on file and auto debited. Patients who are on a prearranged payment agreement and remain current will not be forwarded to MPS or Millennia collections. If you fail to honor your agreement without contacting patient accounts, payment will then be due in full and collection processes will proceed. Contact X116 for further assistance.

Returned Checks

There will be a **\$30.00 handling** fee for returned checks. If a second check is presented and returned, we will request that future visits be paid with cash, credit or debit card.

Acknowledgement of Fees:

- FMLA/Disability forms: Sharecare Health Data Service handles Family Medical Leave Act/Disability Forms. \$30 for the first set of forms and \$15 for each additional set. Please allow 5-7 business days for completion after your payment has been made. If you have questions regarding the form completion or turnaround time, please contact the form department at (866) 273-4039.
- Medical Records: Sharecare Health Data Service handles medical records. Under federal and state law, Sharecare Health Data Services is allowed to recover certain costs related to making copies of your medical records available to you. The fee charged is cost-based to include labor, materials and postage as defined by HIPAA and highlighted by the Omnibus Final Rule. How the record is stored and delivered are variable factors affecting the fee.
- No Show Fee: \$50.00
- Cancel Less Than 24 hours Fee: \$50.00
- Surgery Cancellation in less than 1 business week: \$100 fee
- Surgery Cancellation in three business day or less: \$175 fee
- Same day surgery cancellation or No show to hospital: \$250 fee
- Rx Prior Authorization: Our office will not perform any prior authorization for medications that cost less than \$35/month.
- Rx Prior Authorization: \$50 fee for request to fill out prior authorization form for medications >\$35/month.
- After Hours Calls: \$35 flat fee for after hour phone calls that are not OB/labor or Gyn emergencies.

Lab/ Prescription Policies:

All lab work will be billed separately by the respective laboratory and is not included our charges.

Any questions regarding bills for lab work should be addressed with the laboratory.

Lab results are sent to you through your patient portal. Only normal lab results will be sent to you using this method. Results that require follow up will be done so by telephone. Results can take up to 10 business days (*usually less*). Please contact our office regarding results for routine visits if you have not received results within this time frame. We understand waiting for results can be worrisome. Getting results back and the patient notified as quickly as possible is our goal. If patients call before this time period we often spend time stating that results are not in and this delays staff working on calling patients whose results have arrived. If you had a critical test or a non-routine visit and are particularly worried please call.

Prescription refills are handled through E Prescribe, which allows us to send and receive refill requests and approvals directly to the pharmacies. You can quickly request refills on your patient portal. Portal or pharmacy requests will not be filled over the weekend. Your prescription history may be pulled by your provider to optimize your current care and to prevent drug interactions.

We require 48 hours for refill requests. Refills that are handled after hours or on weekends will be charged \$15.00. This policy is due to excessive weekend non-urgent refill requests.

Rx Prior Authorization

- Our office will not perform any prior authorization for medications that cost less than \$35/month.
- Rx Prior Authorization: \$50 fee for request to fill out prior authorization form for medications >\$35/month.

Telephone Calls:

Phone calls and messages received are triaged by our office to the appropriate staff member. Calls are returned by priority and non urgent calls received after 4pm will be handled the next business day. Please know we will make every attempt possible to return calls in a timely manner. Calls are recorded for quality of medical advice and patient service. If you do not wish to be recorded you may contact us through your patient portal.

- After Hours Calls: \$35 flat fee for after hour phone calls that are not OB/labor or Gyn emergencies

Audio/Video Recording Policy

No audio or video recording is allowed in the office. Hill Country OBGYN Associates must comply with the Healthcare Insurance Portability and Accountability Act (HIPAA) and all state and federal confidentiality laws and regulations.

We would like to thank you in advance for your cooperation and understanding of our policies and procedures. Due to excessive occurrences of the above requests we regretfully must enforce more stringent policies. We apologize in advance if these do not pertain to you, but with your help, these policies will enable us to treat you and your family efficiently and provide the quality of care you expect and deserve. This has always been and remains to be our foremost concern. We want to do a great job for you. Please let our administrator know about areas in need of improvement.