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(407) 352- 9717 PHONE (407) 354-5425 FAX

## SOUTHWEST ORLANDO FAMILY MEDICINE, P.L. FINANCIAL POLICY

### STAFF TO SCAN AND GIVE BACK TO PATIENT (Patient's Copy)

The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services.

We are committed to providing you with the best possible care. If you have medical insurance, we would like to help you receive your maximum allowable benefits.

- **Payment is due at the time service is rendered.** For those patients with insurance coverage, it will be necessary for you to pay your deductible, co-insurance, or co-payment at the time service is rendered.
- You should be aware that your insurance is a contract between you and the insurance company. We file insurance claims as a courtesy to you. However, you will be responsible for all unpaid balances. Insurance plans differ, depending on the contract your employer has negotiated. It is **your responsibility** as a patient to become an **active participant in your own health care** and **know your insurance benefits**.
- We will not turn you away based off of your **insurance status**. All patients may have access to our services regardless of insurance status. In the event you do not have insurance, we will accommodate you as a 'self-pay' patient. HMO patients require a PCP (Primary Care Provider) listed on their insurance plan before an office visit. Please contact your insurance for this change.
- For any insurances plans that we do not participate with and are considered **out-of-network providers, including all forms of Medicaid, services rendered will not be billed**. By selecting our practice as your Primary Care Physicians, **you assume financial responsibility** for any balance due after your primary insurance has processed your claim. Any co-payments, deductibles, and non-covered service charges left by the primary insurance will be the patient's responsibility.
- By, law, your insurance carrier must remit payment or deny your insurance claim within 30 days of initial notice of claim. If an insurance problem occurs, you will be asked to assist us in contacting your insurance carrier, as we feel it is necessary to work together to resolve any insurance problem. Not all insurance plans cover all services. In the event your insurance plan determines a service to be "not covered" you will be responsible for the complete charge.
- We accept cash, check, MasterCard, Visa, Discover & American Express. Our fee for a returned check is \$25.00-\$30.00. **We are unable to honor postdated checks.**
- If you are unable to keep your appointment, kindly give our office a minimum 24 hours' notice, otherwise a **\$25 no-show fee** will be charged if you miss a *New Patient, Complete Physical Exam, Well Woman Exam, Blood Pressure or Holter Monitor appointment*.
- If you miss a diagnostic procedure (e.g. *Dexa Scan, Ultrasound, Nerve Conduction Study, VNG Testing, Urodynamics Testing, etc.*), a **\$75 no-show fee** will be charged.
- Regretfully, we had to implement this policy to give other patients the opportunity to be cared for in a timely manner. This will also ensure that our provider's times are efficiently utilized.
- All payments are due upon receipt of a statement from our office. Balances over sixty days (60) old from the date of service will be sent to an outside collection agency, unless prior arrangements have been made with our billing office.

We understand that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact us for assistance in the management of your account.

 \_\_\_\_\_  
PATIENT / RESPONSIBLE PARTY (SIGNATURE)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

## **SOUTHWEST ORLANDO FAMILY MEDICINE, P.L. PATIENT POLICIES**

*(Patient's Copy)*

### **Appointments**

Office visits are by appointment only. However, in the event that you or one of your family members develop a sudden illness and need to be seen the same day, we will do our best to accommodate you. Do understand that you may be seen by a different provider for that particular visit to be able to care for you in a timely manner, we do our utmost best to work you in with your preferred provider depending on availability. Please inform our reception staff beforehand about the nature of your problem so that sufficient time will be allotted for your visit.

### **Cancellation Policy**

In the event you need to cancel or reschedule an appointment, a 24-hour notice is required prior to your appointed time or a no show fee will be charged to your account. If you are more than 10 minutes late for your appointment, you will be considered a walk-in.

- **\$25 no show fee** = Acute Visits, Chronic Visits, Preventive Wellness Exams, New Patient Visits
- **\$75+ no show fee** = Procedures (i.e. BP Monitor, Ultrasound)

### **After Hours**

If you need to reach our office after hours for an emergency, please call **407-352-9717** and the answering service will contact our on call provider immediately. Please take note that this service is for medical advice to assist you in urgent situations that require decision making. Prescriptions, refill requests, referral requests and test results will not be entertained after hours. However, if you have a **MEDICAL EMERGENCY please call 911** instead of our office.

### **Surgical Clearance**

If you are an established patient scheduling an appointment for surgical clearance the following information is required before we can set up your appointment:

- Surgeon's name
- Surgeon's office phone and fax number
- Type of procedure or surgery
- Date of surgery
- Surgical clearance form

### **Hospital Admissions**

If you are admitted to the Emergency Room and/or the hospital, please make sure to inform hospital admission staff that we are your Primary Care Provider (PCP) so that we can follow up your care after your hospitalization. Studies show that **follow-up with your PCP within 3 days** after hospitalization minimizes re-admissions and complications.

### **Preventive Care**

Complete / Annual Physical Exams (CPE/APE) and Well Woman Exams (WWE) are considered wellness visits. Complete physical exams are preventative visits that screen patients for common health conditions and include a head to toe assessment.

### **Complete/Annual Physical Exams include the following:**

- A baseline reading of your blood pressure, temperature, pulse and respirations, weight, height, vision, hearing and other vital functions depending on your age, gender and level of activity.
- Recommendations for wellness services and healthy lifestyle changes are done during this visit.
- This annual physical will help us help you identify and reduce potential and future health risks.

Your insurance may cover an annual physical exam once every 12 months. Please inquire from your insurance company regarding coverage.

**Once again, please be reminded that CPE/APE cannot be scheduled on the same visit as consults, sick visits or other requested appointments. This is to ensure that we can focus on prevention and well visit discussions or counseling.**

### **Referral/Authorization for Specialists and/or Pharmacies**

For referrals/authorizations to specialists, allow our referral coordinators **48-72 hours** to process the referral. For authorizations for procedures and/or pharmacies, approval is contingent on how your insurance processes the request.

### **Forms**

For any documents that needs to be completed by a medical provider, we encourage that you schedule an appointment specifically for the completion of this document. This is to ensure that the document is completed accurately and appropriately. These documents include: Physical Examination Forms, FMLA, Attending Physician Statements, Short Term Disability Forms, and Parking Permit forms.

If you are not able to schedule an appointment, there is a \$50-75 charge, depending in the extent of the document. Allow us seven (7) business days to get this completed for you. Also note, that not all documents can be completed in our office. Please inquire with our staff before scheduling an appointment or dropping off the document.

### **Prescription Refill Requests**

- *For local pharmacy refills* – Please call your pharmacy directly when requesting a refill and ask them to fax your request to our office.
- *Mail order pharmacy refills* – Please call our office with the fax number of the mail order pharmacy along with your request.

Prescription refill request may take up to 72 hours to be approved. Therefore, we ask that you call our office at least one week before your prescription runs out.

**We do not prescribe antibiotics without an office visit. We do not prescribe.**

**Our office has a strict policy on controlled substance medications and tranquilizers. Due to increasing regulations, you may be referred to a pain management provider or a psychiatrist to manage these medications.**