**Patient Policies and Procedures**

Thank you for choosing SMITH FAMILY HEALTHCARE, LLP for your healthcare needs. The staff at SMITH FAMILY HEALTHCARE, LLP strives to make this office a welcoming medical home for you. We want to make your experience with us as comfortable and stress free as possible. This hand out will tell you about who we are and how we operate. Please feel free to contact our office if you have any questions concerning our policies.

***NP Provider Office Hours:*** Mon 10:00AM-7:00PM, Tues– Thurs 10:00am – 6:00pm Fri. 9:00am – 5:00pm

Our office Phone Number is **740-578-4824.** Our phone hours are the same as our office hours.In the event of an emergency do not call the office, please call 911. If you need to make an appointment, please call us during our regular offices hours.

***Appointment Scheduling***

When calling for an appointment, please provide our staff with your name, date of birth, telephone number, chief complaint/reason for visit, and any *updated contact or insurance information*. If you have regular follow-up visits please make sure to schedule your next visit at check out. \*\***If you scheduled an appointment for an illness, please note that a full check-up cannot be done at that appointment. Please schedule separate appointments for that purpose.**

***Same Day Appointments***

As your medical home, SMITH FAMILY HEALTHCARE, LLP offers same day/urgent appointments and walk-ins are welcome. On most days, an appointment slot is available for last minute appointments. If an appointment slot is not available, we will schedule you for the next available appointment. If you feel that you cannot wait, please inform the staff and appropriate measures will be taken.

***Cancellations***

We require a 24hr notice if you need to cancel or reschedule your appointment. Patients who fail to provide us with a notice after two cancellations without notice will no longer be allowed to schedule appointments and will have to be seen as a walk-in.

***Late for an Appointment***

We are a very busy practice and our provider’s time is very valuable. It is important for our office and other patients that you be on-time for your appointment. If a patient is 15 minutes late for an appointment, you will be rescheduling for the next available appointment time.

***Missing an Appointment***

We cannot stress enough how important it is that you come to your appointments. We try to call and remind you of the appointments 1-2 days prior to your appointment as a courtesy. However, you are still responsible for keeping your appointment time even if we cannot reach you. After 2 “no-shows” you will be dismissed from the practice or only be allowed to be seen on a walk-in basis.

***Appointment Notes*** – We do our best to run on schedule. There are many ways you can assist us in staying on time:

Please be on time for your appointment

Scheduled appointments are strongly encouraged over walk-in appointments.

If you schedule a visit for one patient, please make it for that patient only. If you have two siblings that need to be seen, for instance, please be sure to schedule two appointments.

Remember that SICK/URGENT appointments do not allow enough time for a physical to be done.

***\*\* We do make all efforts to stay on time but emergencies do occur from time to time and we might run behind as a result. We will try very hard not to waste your valuable time. \*\****

***Check In***

When you arrive at the office please check in at the front desk. We will verify all of your contact and insurance information. ***You must bring your insurance card and photo ID to every appointment.*** It is your responsibility to provide us with any changes to your medical coverage. Full payments for all co pays are expected at the time of service. We accept cash or credit/debit card.

***Paperwork***

All new patients will need to complete a new patient packet for SMITH FAMILY HEALTHCARE, LLP. The new patient packet can be accessed on our website at www.smithfhc.com. If you do not have internet access we can mail or fax the packet to you. All forms in the new patient packet should be completed before your scheduled appointment; otherwise new patients must arrive 15 minutes early to fill out the packet. In addition we will need a **current copy of your insurance card and a photo ID**.

***Prescriptions***

SMITH FAMILY HEALTHCARE, LLP strongly recommends *using only one pharmacy for all of your prescription needs*. Please be sure the pharmacy and SMITH FAMILY HEALTHCARE, LL Pare aware of any possible drug allergies you may have.

If you need a prescription refill, please call your pharmacy and have them fax the request to our office at (740) 578-4821. Requests may take up to 3 business days to be completed.

Please note that narcotic medications require a paper or electronic prescription signed by one of our providers. Early refills will not be given.

Changes and/or new prescriptions can only be completed by the providers. Please be aware that you may have to been seen to receive a new prescription. Please do not ask staff to alter your medication(s) or dosing instructions.

***Lab Services***

SMITH FAMILY HEALTHCARE, LLP does in house lab draws for our patients’ convenience. Patients with insurance coverage will be billed directly from our contracted facility for any lab services performed. Self-pay patients will be charged for any labs at the time of the service.

Lab services are available during regular business hours.

Please call to schedule your lab appointment if feasible; however, walk-ins welcome.

***Check Out***

Follow up and routine appointments will be made at the desk during check out.

***Referrals***

Referrals can only be made by the providers. If you haven’t been seen, for this complaint, in this office, the referral will require an office visit. Once a referral has been created by one of our providers, please allow 3 business days for processing. Once we send the referral to the appropriate facility that facility will contact you directly to schedule your first appointment. Please contact our office if you have not heard about your referral within 4-5 business days.

***Messages***

All phone messages received will be answered within 2 business days. Please contact our office again if you have not heard from us within 3 business days. Please be as specific as can be with messages left with the front desk staff as to help us with quickly responding to messages. Please be advised that front desk staff will receive and deliver provider’s response, as the Provider will not be doing the call backs.

**Financial Policy**

We are committed to providing you with quality and affordable health care. We are constantly faced with the task of working with many different insurance companies who help coordinate your healthcare and also help you meet your financial responsibilities. Because patients often have questions regarding patient and insurance responsibility for services rendered, it is important to us that you understand our financial policy. If you have questions in regard to any of your billing statements, our staff is available to assist you at **740-578-4824.**

**Your responsibility** begins when you call to make an appointment. Please know your insurance. Be aware of what they pay for and do not pay for, as well as any co-pay and deductible. It is very important that all demographic information you provide at the time of scheduling is accurate.

As you register at each visit, before seeing the nurse practitioner or other provider, you will be asked to verify all demographic information. You are expected to present your current insurance card(s) at time of visit. If you do not have your current insurance card, you will be treated as self-pay and expected to pay, in full, for all services provided at time of service. All services are rendered to you, as the patient. Therefore, all charges are ultimately your responsibility for payment. You will be expected to sign this form as acknowledgment of your financial responsibility.

**Payment-** Payment is expected at the time of your visit. We accept the following forms of payment: Cash & Credit/Debit Card including Visa, Mastercard, Discover & American Express. Payment will include any unmet deductible, co-insurance, co-payment amount or non-covered charges from your insurance company. If you do not carry insurance, payment in full is expected at the time of your visit. Payments and credits are applied to the oldest charges first, except for insurance payments which are applied to the corresponding dates of service.

**Credit/Debit Card Payments-** There will be a $3.00 processing charge added to all Credit/Debit card transactions.

**Insurance**- We are participating providers with Medicare and Ohio Medicaid, as well as and we have applied to several commercial insurance plans and to each of the Ohio Medicaid MCOs (Managed Care Organizations) including CareSource, Molina, Paramount Advantage, Buckeye Health Plan and UHC (United Healthcare) to hopefully become paneled with them as well. You can call our office during business hours to verify our participation with a specific insurance plan. If you are not insured by a plan, payment in full is expected at each visit. If you are insured by a plan, we do business with, but don’t have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. If our providers are not listed in your plan’s network, you may be responsible for partial or full payment. If you are insured by a plan which we have no prior arrangement, we will prepare and send the claim in for you on an assigned basis. This means the insurer may send payment directly to you and therefore, our charges for you are due at the time of service unless other arrangements have been agreed upon. At minimum, a deposit of 35% is required the day of service if insurance benefits are available with non-contracted carriers and prior arrangements have not been agreed upon. You will be notified when payment has been received by your insurance company. Overpayments will be returned quickly. Any remaining balance after insurance has paid is due in full within 30 days unless other arrangements have been made. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

**Proof of Insurance**- All patients must complete our new patient packet before seeing the nurse practitioner or other providers. We do ask for a copy of your driver’s license or other picture ID in addition to current proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

**Co-payments and Deductibles-** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. The amount paid by your insurance carrier is not payment in full. Failure on our part to collect co-payments and deductibles from patients can be considered fraud.

**Non-covered Services-** Not all insurance plans cover all services. In the event your insurance plan determines a service to be “not covered” or not reasonable or necessary, you will be responsible for the complete charge. If known at the time of service, payment is expected at the time of your visit. If not known until after services have been rendered, payment is due within 30 days of receipt of a statement from our office.

**Claims Submission-** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

**Changes in Insurance Coverage-** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 30 days, the balance will automatically be billed to you.

**Non-payment and Late Charges**- If your account is over 90 days past due, you will receive a letter stating that you have 30 days to pay your account in full. Accounts not paid within 90 days are subject to a 2% monthly finance charge on all balances 90 days old or greater. Because we value our patients and customers, balances are sent to collection agencies only as a last resort. We prefer to arrive at payment arrangements that recognize the patient's financial ability as well as the clinic’s need to be paid for services provided. However, if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by certified mail that you have 30 days to find alternative care.

**Minors**- The parent/guardian accompanying a minor is responsible for full payment unless prior arrangements have been made. Arrangements must be made in advance if you are unable to accompany your minor child to the office for an appointment. Please call our office to verify all demographics for our records. Be sure to give your child, or person accompanying your child, written permission for our office to treat your child, the proper health insurance card and co-pay, where appropriate. If self-pay, payment in full is expected at time of service.

**Prompt Pay Discounts (PPD)**- Patient will be eligible for PPD if confirmed as uninsured or not covered by his/her insurance for services provided by SFH in which SFH staff considers medically necessary (e.g. coverage is denied as the service is not a covered service, coverage is denied as not reasonable and necessary under payer coverage policy, or benefits are exhausted). Uninsured patients will be eligible for a Prompt Pay Discount (PPD) of 20% on the total fee for the visit or procedure. In order to receive the Prompt Pay Discount (PPD), payment must be received at or before the time of service. In the event of not covered services by insurance discovered after services are rendered, payment must be received in full at time of services or within (30) days of the first statement to qualify for a prompt pay discount.

If it is determined that the patient has insurance or other coverage after the PPD has been taken, the discount will be reversed. Insurance will then be billed the original charge for the service.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

**Notice of Privacy Practices-** SFH offers all patients a copy of our Notice of Privacy Practices. This can also be accessed at any time on our website located at [www.smithfhc.com](http://www.smithfhc.com). This policy sets forth the ways in which your protected health information may be used or disclosed by SMITH FAMILY HEALTHCARE, LLP and outlines your rights with respect to such information.

**AS A PATIENT, YOU HAVE CERTAIN RIGHTS AT SMITH FAMILY HEALTHCARE, LLP:**

1. You have the right to be treated with respect, consideration and dignity.

2. We will strive to greet you with a smile and a warm welcome.

3. You have the right to high-quality medical care delivered in a safe, timely, efficient and cost-effective manner.

4. We will keep you medical information private as laid out in the guidelines by HIPPA.

5. You have the right to be a participant in your healthcare along with your provider.

6. No procedure or treatment will be undertaken without your informed consent.

7. You have the right to know the services available at the facility.

8. You have the right to know what fees are expected and what the payment policies are.

**YOU ALSO HAVE CERTAIN RESPONSIBILITIES AS A PATIENT**

1. You have the responsibility to accurately and completely provide all clinical personnel with the health information they need including any medications that you are taking.

2. You have the responsibility to follow the directions of the nurse or provider with regard to diet and/or medication.

3. You have the responsibility to abstain from using any drugs that have not been prescribed for you and that you have not revealed to our nurse or provider.

4. You have the responsibility to abstain from the use of alcohol as directed by your nurse or provider.

5. You have the responsibility to inform the nurse or provider if you do not understand any directions or if you do not understand the course of treatment planned for you.

6. You have the responsibility to timely pay all medical bills which are not in dispute and to forward to us any monies you receive from any insurance company for our services.

PATIENT POLICIES & PROCEDURES ACKNOWLEDGMENT FORM

By signing below,

I acknowledge that I have received, reviewed, understand, and will comply with the policies and procedures explained in the SMITH FAMILY HEALTHCARE, LLP PATIENT POLICIES & PROCEDURES.

I acknowledge that I am responsible for payment of services rendered at SFH. I agree to provide accurate income verification and proof of insurance. I have read and understand the financial policy and agree to abide by its guidelines.

I acknowledge that I was offered and acknowledge how to access the Notice of Privacy Practices for SMITH FAMILY HEALTHCARE, LLP and agree with the policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED NAME DATE

Thank you!

SMITH FAMILY HEALTHCARE, LLP

254 Pinecrest Dr.

Gallipolis, OH 45631

Phone: 740-578-4824

Fax: 740-578-4821

E-mail: [smithfhc@yahoo.com](mailto:smithfhc@yahoo.com)

Website: [www.smithfhc.com](http://www.smithfhc.com)