



Downtown Family Health Care Housekeeping Policies

Welcome to (or back to) Downtown Family Health Care and thank you for choosing us for your healthcare needs. We strive to provide the best possible service to our patients. In order to make your visit as pleasant as possible and prevent any misunderstandings about appointments or billing, please review the following policies:

- **Office Hours:**
 - Monday-Thursday, 8:00 am-6:00 pm
 - Friday 8:00 am-5:00 pm
 - We are closed for lunch from 12:00-1:00.
 - For after-hours emergencies please go to your nearest urgent care provider or emergency room.
- **Paperwork:**
 - We ask that all new patients complete paperwork prior to their scheduled appointment, if you are unable to obtain the paperwork prior to your appointment, please plan to arrive 15 minutes early to complete needed forms.
 - Please bring all medical records from other providers which you have available.
 - Please bring either a complete list of all medications, supplements, and vitamins that you are currently taking including the dose and frequency or bring the actual medications.
 - Please bring your most current insurance card and photo ID to every visit. We update our patient demographics at each visit, including address, phone number, insurance, and pharmacy.
 - Special forms/letters will be completed by the provider as time allows at a charge of \$25. We also require 72 hours to complete school, camp, sports physical, workers compensation, FMLA, and Wellness forms not completed at the time of your office visit. You will be notified if a provider is not in the office during this time and a delay in completion may occur.
- **Insurance:**
 - We accept all insurances and participate with most major insurance plans. If you are unsure whether your insurance participates with us, please call member services for your insurance carrier.
 - Please be aware that you are responsible for any portion of your bill that is not paid by your insurance company.
 - We are obligated by contract to collect co-pays at the time of service, if you do not have your co-pay at time of appointment, services cannot be rendered except in the case of an emergency.
 - Insurance claims and appeals will be filed in a reasonable timeframe; however, if you are experiencing delays or difficulties with your insurance company in the payment of benefits, it is your responsibility to ensure your insurer abides by the plan you have.
 - Patients will be responsible for any unpaid balance and notified of the balance by statement. At the end of 90 days unpaid balances will be turned over to a collection agency and the patient will be responsible for agency fees. Failure to remit payment on a past due account may result in dismissal from the practice.
 - All returned checks will be subject to applicable fees. The return check fee is \$35.00.
 - If you are uninsured, payment is due at the time of service. Please check with our office staff to enquire about financial assistance.

- **Appointments:**
 - Unfortunately, we are unable to accept walk-in appointments. We are, however, happy to refer you to another provider if you need to be seen sooner than we can schedule you.
 - Please provide a minimum of 24 hours' notice if you need to cancel an appointment; less than 24 hours' notice is considered a "Late Cancellation" and will generate a charge to your account. Failure to provide notification will be considered a "No Show." Two "no shows" may result in you only being able to schedule same-day visits on an as-available basis. Repeated no-shows risk dismissal from the practice.
 - If you are more than 15 minutes late for your appointment, we will make every effort to work you in if the schedule permits; however, you may be asked to reschedule to a later date.
 - Children under the age of 18 require a parent or guardian present for treatment.
- **Prescriptions:**
 - Prescription refills will be provided at scheduled appointments in quantities sufficient to last until your next scheduled appointment. Please remind us at your appointment if you need refills. Our standard turnaround time for refill requests is 48 hours and although most requests are filled sooner, often the same day, please understand there are exceptions and refills may take up to 48 hours.
 - At no time will controlled substance prescriptions be called in. You must be seen at scheduled appointments for refills.
 - Prior authorizations for medications will be submitted within 48 hours of receipt of the request. Insurance companies vary on processing time. Please be sure we have an updated copy of your pharmacy benefits. Our office does not submit prior authorizations for Viagra (Sildenafil) or Cialis (Tadalafil). These medications may be filled using goodrx.com, Kare pharmacy or 4romeo.
- **Miscellaneous:**
 - Please be considerate if the office is running behind: emergencies occur and each patient will be treated with the time and care it takes to address their problem, including you. If you are under a specific time constraint, please speak with our staff to discuss rescheduling your appointment if necessary.
 - While we understand your pets are an important part of your life, please be respectful of other patients and leave your pets at home. Only trained service animals will be permitted in the office.
 - Termination of the physician-patient relationship can occur at the request of the patient or the physician when the relationship is no longer proceeding in a mutually productive manner. If you are dismissed from the practice, emergency care only will be provided for 6 weeks to allow appropriate time to find another provider. Circumstances that may result in dismissal from the practice include noncompliance with treatment; failure to keep appointments; threatening, demanding or abusive behavior directed toward our staff, physicians, other healthcare providers or patients; deceptive behavior; medication abuse; or failure to pay consistent with financial policy.

I have read and understand the above policies, procedures and financial responsibilities, and agree to abide by this policy in exchange for quality medical care.

Patient's Name

Signature of Patient or Legal Guardian

Legal Guardian's Name

Date