Examples of Office Policy
to Assist in
Keeping Boundaries

1. Psychiatry
2. Dermatology
3. Gastroenterology
4. Medical Clinic
Psychiatry

Thank you for consulting our office for counseling and psychiatric services. Before an appointment can be scheduled, the enclosed packet must be completed. When the office receives the packet, the initial evaluation may be scheduled.

**General Information**—The length of an initial assessment is at least one hour. Complex histories, complicating medical factors, or child and adolescent evaluations may require two or even three hours to complete and may require review of records and test results as well as input from teachers, parents, and counselors. At least one parent must accompany a child under 18 to his/her initial visit.

**Payment and Fees**—Fees range from $____ to $____ per hour depending on the educational level of the professionals assessing the patient. For most patients, payment is due at the time of services. However, we are under contractual agreements with certain insurance companies wherein we are required to file insurance claims. It is the patient’s responsibility to inform us if he is a member of such a plan and to pay the portion of the fee that the plan does not cover. If the patient or responsible party will be filing an insurance claim, he will be provided with an appropriate receipt for this purpose. It is the responsibility of the patient to obtain pre-certification from his insurance company for his visits. If a visit is not pre-certified, and the insurance company denies payment, the patient will be responsible for full payment.

**Confidentiality**—Medical records are confidential. Information contained therein will not be released without written consent of the patient or guardian. There are, however, some exceptions. According to Texas law, all persons “having cause to believe” that a child is being abused are required to report that to the Texas Department of Human Resources. Also, if any individual intends to take harmful, dangerous, or criminal action himself or another person, it is our duty to report such action or intent. It is also our practice to notify professional persons who refer clients to us. Please initial after you have read this section.

**Emergencies**—Our office does not provide “emergency services.” If the patient, during the course of his treatment, has an urgent concern, an appointment will be scheduled as soon as possible. If the patient has a critical emergency, he may need treatment in a hospital or emergency room and will be referred to another provider for that purpose. Our professionals do not provide services while the patient is in the hospital.

**After Hour Calls**—The physician is usually available by pager for emergencies at ___________. However, a minimum charge of $____ will be assessed for after-hours phone calls. Regular office hours are Monday-Friday, 8:30 am-4:30 pm. The receptionist and physician are off on Wednesdays, but the office is open for therapy sessions.

**Treatment**—After the evaluation is complete, the physician or therapist will discuss with the patient (and family as appropriate) a treatment plan which outlines recommendations. Follow-up visits with the physician, if medication is prescribed, will need two to three weeks after the initial evaluation and then as recommended by the physician. If the patient is seeing a therapist in our office, a therapy schedule will also be recommended. If treatment lapses for more than three months, a reevaluation may be needed. If the patient is unable to comply with scheduled follow-up appointments and/or treatment recommendations, he will be asked to seek treatment elsewhere, and the physician-patient relationship will be terminated. Non-payment for services rendered may also be reason for termination of treatment.

**Cancellation Policy**—Please notify our office 24 hours in advance if an appointment will be missed to avoid being charged for the time that was reserved for you. Failure to show up for more than two appointments consecutively without notification will result in termination and referral.

**Legal Proceedings**—If the patient is involved or anticipates being involved in a lawsuit or legal problem while receiving services, initial here.

**Prescription Refills**—It is the patient’s responsibility to keep track of his medications and arrange for refills during office hours. There will be no refills approved Friday through Sunday.

**Complaints**—Complaints regarding physicians and others licensed or registered with the Texas Medical Board, including physician assistants and acupuncturists, may be reported to the following address: Texas Medical Board, Attention: Investigation, P.O. Box 2018, Austin, TX 78768-2018, (800) 201-9353.

**Patient Agreement**—I have read the office policies and agree to abide by them. I agree to refrain from involving Dr. __________ or any of her staff or associates in any matters of a legal proceeding. I further agree to the release of appropriate information to my insurance company and for payments to be made directly to Dr. __________.

Signed: ___________________________ Date: ___________________________
Dermatology

The specialty of Dermatology is the health care discipline that is concerned with the management of normal skin and the prevention, diagnosis and treatment of disorders of the skin, its appendages and contiguous mucous membranes in persons of all ages. Physicians certified as Diplomates of The American Board of Dermatology have had extensive specialized training and experience in the area of Medicine and are prepared to utilize and interpret all applicable diagnostic techniques and to employ the variety of therapeutic modalities currently used for disorders. Among these diagnostic methods are microbiologic, histopathologic, cytologic and immunofluorescence procedures. Therapeutic modalities include topical, intralesional and systemic pharmacotherapy, selected radiotherapeutic and phototherapeutic methods, and surgical, electrosurgical, cryosurgical and chemosurgical treatment techniques. With this background and knowledge, the dermatologist is singularly qualified to advise on the care of normal skin, to prescribe preventive measures designed to maintain the skin in a state of health, and to make accurate diagnoses and deliver optimal treatment of cutaneous illnesses in patients who come directly to him/her or who are referred by another physician.¹

A Message from Dr. ____________ & Dr. ______________

When someone chooses us to become their dermatologist, we consider that decision a compliment and an honor. Thank you most sincerely.

Rest assured we will do our utmost to provide optimal care for your dermatologic problems. For better or worse, you will be told the truth to the best of our knowledge. We will be honest with you about our diagnosis, the treatment that should be best for you, as well as your prognosis. Patients often expect more than current medical knowledge can provide and are often disappointed. Every physician would be overjoyed to be able to cure or at least alleviate every patient’s disease. God has not as yet granted us this capability. During the last 30 years, medical science has made enormous advances, but there is still more unknown than known, and more diseases for which ideal treatment is not available than those for which it is.

There is no such thing as a safe medicine, just as there is no safe means of transportation or even recreation. We promise you no medicine or procedure will be recommended for you that we would not recommend for our beloved families. Nevertheless, adverse reactions occur at times, along with you we will be dismayed, when this happens. Statistically, the unexpected is bound to occur on occasion. The patient and the doctor were unlucky, not wrong. Please try to understand – no physician would give you a medicine if the potential benefits did not outweigh the risks.

Time is important to everyone; therefore, every effort will be made to save your time. When physicians become behind and you have an excessive wait, a conscientious doctor is embarrassed. Rarely will you have to wait more than one hour in this office. Delays are normally the result of unexpectedly complex cases, telephone calls, which cannot be put off, and patients who insist on treatment of several unrelated problems in one visit. Dentists do not attempt to fill every cavity on a routine visit, and physicians should not be expected, in a single visit, to diagnose, explain and treat several unrelated minor problems that have accumulated over the years.

We also find that we get behind when patients are late arriving for their appointments. If you find you are going to be late, please call and we will be happy to move the appointment to a later time, if possible, or reschedule the appointment.

Professional fees will be fair and just. It is impossible for a patient to know relative values. We know you have placed your trust in us – your trust is a bond we will not break. If you ever feel a fee is excessive, please tell our office manager as an error may have been made inadvertently. Also, if our normal fee s beyond your means we will try to help.

Unfortunately, no physician has the personality, demeanor, charm and answers that will please every patient. Physicians, like shoes, should fit the specific individual’s needs. We will not be the ideal dermatologist for some of you and we are sorry. However, we will try to be! Doctors, like patients, are human and we all have our shortcomings. Please try to understand.

Again, may we thank you for choosing us as your dermatologist.

Cordially,

__________, MD
__________, MD

¹. American Board of Dermatology 1984
Helpful Information

Appointments—Please make appointments with the receptionist. The doctors are seldom near the computer when on the telephone. When calling for a routine or follow-up visit, it is advisable to call about a week in advance. If your insurance requires a referral or authorization, please tell the receptionist so it can be noted in the schedule.

In order to provide the best possible service and availability to all patients, it is our policy to charge one-half (1/2) of our office visit for any appointment not canceled at least 24 hours in advance. Please call us as early as possible if you will need to reschedule your appointment.

Prescriptions—When most prescriptions are issued, provisions are made for future refills. Keep the bottle or tube with the prescription number on it and call your pharmacy when you need a refill. If you are still in need of medication when the refills run out, it may be time for reevaluation. Give us a call and the nurse will check with the doctor for you. If you have not seen the doctor in a year or more, we cannot refill prescriptions and you must return to the clinic. This will allow us to reevaluate our condition and decide if the therapy is still warranted.

Phone Calls—If you ever have any questions, please feel free to call. The receptionist will ask about the specific nature of our call. DO NOT feel she is prying unnecessarily; Dr. ________ and Dr. ________ want as much information as possible before returning the call. This way they can have your chart in hand and any to her information necessary to effectively answer your questions. If Dr. ________ or Dr. ________ is unavailable, the nurse will help you. Also, we often find the nurse can relay many answers more promptly.

Payment for Services—Payment for services rendered is required at the time of the visit. We do not bill, except under unusual circumstances. Biopsy charges and any laboratory work are not included in your routine fees. These are handled separately and payment is made directly to the provider of the service.

Insurance—We have made prior arrangements with many insurers and health plans. We will bill those plans with which we have an agreement and will collect any required co-payment at the time of service.

In the event your health plan determines a service to be ‘NOT COVERED,” you will be responsible for the complete charge. In that event, we will bill you, and payment is due upon receipt of that statement.

If you have insurance coverage with a plan with which we do not have a prior agreement, we will prepare and give you an “attending physician statement” to be used to file your insurance. In this case, your insurer will send the payment directly to you. Therefore, charges for your care and treatment are due at the time of the service. If you require assistance, the staff will be happy to help you fill out the claim forms.

We will also bill your health plan for all services provided in the hospital. Any balance due is your responsibility and is due upon receipt of a statement from our office.

Medicare—Under current Medicare rules, each physician must file Medicare for the patients. This does not mean the physician must accept assignment. We DO accept Medicare assignment. The patient is responsible for the yearly DEDUCTIBLE (currently $100.00) plus the 20% Medicare doesn’t pay.
Gastroenterology

WELCOME TO OUR PRACTICE
Our physicians and staff welcome you to our offices. Our highest priority is to provide you with the best medical care.

All of our physicians are Board Certified in Internal Medicine and Gastroenterology, with practices limited to Gastroenterology. All are highly respected and have served the medical community, ____ (city) hospitals, ______ County Medical Society and the Texas Medical Association in a number of leadership roles.

The members of our clinical staff are trained to assist our physicians in providing your medical care. It is important to us to make your clinic visit as pleasant as possible.

CALLING THE OFFICE
If you need medical assist during office hours, a staff member will help direct you to the appropriate care. If you are an HMO member, please contact your primary care physician first. After regular office hours and during the noon hour, the answering service will receive your calls. A _______ physician is on call at all times to assist you with urgent problems.

If your problem is an emergency, have someone take you to the nearest emergency room or call 911.

APPOINTMENTS
Know what is required by your health insurance plan.

1. REFERRALS – Your health plan may require a referral from your primary care physician before you can see a specialist. You must contact your primary care physician prior to your office visit. Without the referral, the health plan will not pay for your office visit or subsequent care.

2. FURTHER TESTS – Some health plans require pre-approval for special tests. Our office will handle this for you, but it may require several days to obtain the approval. Without the approval, the health plan will not pay for needed tests.

   We want to be certain that you receive the results of your blood tests, x-rays, and endoscopic tests. If you are not provided these results in 10 working days, please call your doctor’s office and request your test results.

3. CANCELLING OR CHANGING APPOINTMENT – If for any reason you need to change your scheduled appointment time, please give us as much notice as possible. At least 24 hours’ notice is expected for cancellations and rescheduling of appointments.
4. LABORATORY AND RADIOLOGY PROVIDERS – Please check with your health plan and know which laboratory and x-ray services you may use.

HELPING YOUR DOCTOR HELP YOU
So that we may provide the most complete assessment of your medical condition and prescribe the most effective treatment plan, please bring the following items to your appointment:

1. CURRENT MEDICATIONS – Bring a current list of medications with the dosages. (You may find it more convenient to bring your medication containers with you.)

2. RECENT X-RAYS (Barium X-rays, CT Scans, Ultrasound) – If you have had recent x-rays to evaluate your problem, pick them up at the facility where they were performed and bring the x-rays to your appointment for your physician to review.

3. BLOOD TESTS – If you have had recent blood tests, ask your primary care physician to FAX copies to us or to make copies for you to bring at the time of your appointment.

4. REFERRALS – If you are in an HMO, please confirm with your primary care physician that the referral for your visit has been made.

5. INSURANCE CARD – Please bring your current insurance card to verify your insurance information at the time of your visit.

BILLING
Our commitment to you includes reasonable attempts by our staff to collect insurance payments. To do this, we must verify insurance information before each office visit. After our attempts to collect insurance payments, you will receive a bill indicating your balance due.

You will be expected to pay your co-payment and/or your deductible amounts due at the time of your office visit. Payment options include CASH – CHECK – MASTER CARD – VISA. If you are unable to make payment in full for procedures at the time of your visit, the business office staff will assist you by setting up a payment schedule.

We make every effort to assure that charges accurately reflect the services provided. If you think we have made an error, please request that a member of our business office review your bill with you.

FACILITY FEES
When procedures are performed in the ______ Endoscopy Center or hospital, you will receive our bill for physician services and a second bill from the facility for its services. Please refer to your insurance benefits to determine your co-payment for facility charges.

OFFICE HOURS
Monday-Thursday 9:00 a.m. – 4:30 p.m.
Friday 9:00 a.m. – 3:30 p.m.
CALLS FOR APPOINTMENTS
For urgent, possible same day appointments, please call between 8:30 and 10:00 a.m., if at all possible. The message will be relayed to the telephone nurse; your medical file will be pulled and reviewed before your call is returned. Please plan on giving your temperature if you suspect an infection.

For an emergency where resuscitation may be required, call 911, or go to the nearest emergency room.

For routine follow-up visits, call at least 3 weeks prior to desired appointment date.

REQUIRED FOR ALL APPOINTMENTS
At each visit, you must bring your current insurance card, photo identification, and a method of payment. We accept cash, check, credit/debit cards. Failure to provide your insurance card or payment in full may result in your appointment being rescheduled. Additionally, please notify our staff of any address or insurance changes before your appointment.

PRESCRIPTION REFILLS OR MAINTENANCE DRUGS
We refill prescriptions only during office hours, so that we can verify and document medications. For refills not handled during appointments, Tuesdays, Wednesdays, and Thursdays are the best days to request medication refills.

PRIOR TO OFFICE VISITS check and see if you need a refill. Bring all your medications that you are currently taking. Let the nurse know which medications you need refills for. (Will you need refills before your next regular visit?)

Please contact your pharmacist to request maintenance medication refills. If you do not have additional refills authorized, the pharmacy will contact our office for approval. Call your pharmacist at least five (5) working days ahead of the need for a refill. Before we approve a refill request we may want to pull your chart, verify the proper dosage, check for appropriate response to the drug, and see if any lab is needed prior to filling your medication.

We cannot approve refills immediately and recommend that you do not wait at the pharmacy. Please plan ahead.
REPORTING LABORATORY RESULTS
We try to give reports for common studies to you within ten (10) working days. We will reach you by telephone or mail a report to you. For significant findings you will be contacted as soon as possible.

If you do not receive a report within fourteen (14) working days after the exam, please call the office.

REPORTING X-RAY RESULTS
We try to get X-ray results to you within ten (10) working days after the test is performed. Generally on the day of the exam, the radiologist will read it and the report is then sent to our office (for urgent problems we expect the radiologist to call us.). Subsequently, your doctor at his or her office will review the report and make appropriate recommendations, and then the staff will notify you.

You will be contacted as soon as possible for significant findings.

If you do not receive a report within fourteen (14) working days after the exam, please call the office.

REFERRALS FOR MANAGED CARE PATIENTS
If your health plan requires authorization/referrals to see a specialist, please plan ahead. In non-urgent situations we require seven (7) working days to complete a referral. It is the patients’ responsibility to request a referral, not the specialists’ office. Lack of preparation slows down any urgent referral.

LETTERS, DISABILITY FORMS, CERTIFICATES OF HEALTH RECORDS, MEDICAL LEAVE FORMS, ETC.
Our doctors rotate hospital and after hours coverage. If you have an urgent medical problem contact our office and you will be instructed on how to reach the doctor on call. The doctor on call is available for urgent/emergent medical problems only. They are not available to handle routine prescription refills for non-urgent matters. Our physicians admit to ________________ Hospital.

NURSE PRACTITIONER (N.P.)
Medical Clinic of ________________ utilizes nurse practitioners to assist in patient care. Our nurse practitioners are qualified and licensed to provide a broad range of health services. These nurse practitioners have extensive post-graduate education and work closely with the physicians to ensure quality care for you. They aid us in providing more efficient care by increasing accessibility and reducing patient wait time. There may be times that your doctor requests that you see a nurse practitioner.