A+ FAMILY MEDICINE OFFICE POLICY

Registration:

All new patients will be required to complete a new patient packet. We will verify your information at every visit to ensure we maintain accurate information. Your current insurance card must be presented at registration for every visit in order for us to bill your insurance for you. If you do not have proof of coverage, **all balances will be due at the time of service.**

Insurance:

Your health insurance is a contract between you and your insurance company. As a courtesy to you, we will bill your carrier on your behalf and participate with many of the insurers. Participation means we have contracted to accept their fee schedule, collect all copayments at the time of service and collect any balances due after they have processed your claim. **Copays are due at time of service.**

Financial Policy:

Our current method of payment collection is an electronic service which allows us to obtain an authorization from you to collect payment from your debit or credit card once your insurance company notifies us that they have processed your claim. With this service we will produce an itemized statement of the total charges being submitted to your insurance carrier at the point of check out. We will then swipe a credit or debit card of your choice which allows you to authorize payment of what you will owe after insurance. Your card will not be charged until after we receive payment/rejection from your insurance company. You should receive an explanation of benefits (EOB) from your insurance company about one week before we receive their payment. This will show you how much they paid us and what your responsibility is. The transaction for the amount that you owe will then post to your credit or debit card within 3 to 5 business days after you receive your notice from the insurance company. If you feel your responsibility will be more than you can afford, or you do not have insurance, we can set up a payment plan and have your monthly payment automatically deducted

from your credit/debit account as well. If you do not have a credit or debit card, we will estimate your responsibility and payment by cash or check will be expected at the time of service. This process is simple and environmentally friendly! Your cooperation with our policy is greatly appreciated.

Appointment Policy:

Scheduling an appointment with A+ Family Medicine can be done by calling (616)285-6450 or through our patient portal. In order for us to be available to our patients for same-day care and urgent needs, it is recommended that you schedule at least three months in advance for check-ups and physicals, particularly if your scheduling needs are specific or restricted. If you are unable to keep your appointment, please give us a minimum of 24 hours' notice. A **\$20** fee will be charged for no shows. We will make every effort to stay on schedule out of respect for the value of your time. Therefore, when scheduling an appointment please be specific about what problems you want addressed, so we can allot the proper amount of time for your appointment as a courtesy to those scheduled later. If you arrive late, every effort will be made to work in your visit, but you may be asked to reschedule if this is not possible. If one of the providers must leave the office for an emergency, we will attempt to reach you to reschedule your appointment.

Referrals:

Many insurance companies require prior approval of visits and testing done outside the primary care provider's office. Should your primary care provider refer you to another provider or facility, we will gladly process your prior authorization if we have a current copy of your insurance card on file and have received the request prior to the scheduled appointment. We will **NOT** back date a referral for any reason. Emergency Room visits must be reported to us within 48 hours of treatment.

After Hours Policy:

Our regular business office hours are 8:30 a.m. to 5:00 pm Monday – Thursday and 8:30am to 3:00pm on Friday. We offer extended hours for appointments beginning at 7:30 am Monday through Friday and after hours until 6:00pm on Monday through Thursday. Phone business hours are 8:30am to 4:30pm Monday - Thursday and 8:30am to 2:30pm on Friday. We turn our phones over to an answering service from 12:00pm to 1:30 p.m. weekdays for the lunch hour, evenings and weekends. If an emergency arises outside the scheduled office hours, the provider on call will be available through our answering service to assist you. To reach the after-hours service, call our main office number at (616)285-6450. If for some reason you are not appropriately connected to the service; you may dial them direct at (833)949-4474. IF YOU HAVE A MEDICAL EMERGENCY, GO DIRECTLY TO THE EMERGENCY ROOM OR DIAL 911. Appropriate use of Urgent Care Centers and the Emergency Room are encouraged. When in doubt, contact the provider on call for direction. The on-call provider is available and willing to meet you at the office after-hours when appropriate. We ask that calls after hours be restricted to urgent problems or emergencies. Please hold routine inquires and refills for regular office hours. Please note that phone calls or virtual visits providing medical advice and/or adjustments to treatment plans are subject to a charge.

Website:

Please check out our website at www.aplusfamilymedicine.com. Here you will find information about our practice and policies, printable forms and links to education and other medical information. You will also find a link to our Patient Portal. On our portal you can register, complete forms, send us an email, request prescription refills, schedule/cancel appointments, pay a bill and store your personal medical records.

MY SIGNATURE BELOW CONSTITUTES MY ACKNOWLEDGEMENT

1) I have read and understand the information provided in this form above.

2) I authorize the HIPAA compliant release of my medical records, including all related testing and treatment information, to my health insurer for claim processing and payment purposes.

3) I authorize that my insurance benefits are to be paid directly to A+ Family Medicine and/or its associated physician groups. I acknowledge that I am responsible for all balances that are deemed by my health insurance plan to be my responsibility including deductibles, co-insurance, copayments and other services not covered by my plan. If I do not have active insurance, I am responsible for the balances related to the services I receive.

4) I understand that if I provide a mobile number, I authorize that A+ Family Medicine and/or its associates may contact me at this number for matters related to my care, including treatment, payment of my bill, or healthcare operations. It is my responsibility to notify A+ Family Medicine and/or its associates if my mobile number changes.

I hereby state that I have read and understand the policies of A+ Family Medicine and consent to the release of billing information and assignment of benefits as described above.

Date:

Patient signature (over 18yrs), Parent or Guardian if under 18yrs