

# **James S. Linder, MD, PC**

## **Office Policies and Patient Agreement**

Welcome to the offices of James S. Linder, MD! We are pleased you have chosen us to assist in your medical care.

Because we have a large number of recurring questions concerning our practice, we have prepared this agreement to help answer some of those questions. Please keep the front sheets of this agreement and provide our receptionist with the sheet acknowledging that you have received the policies.

### **Appointments**

Although we prefer for you to make an appointment, urgent walk-ins are accepted. Even in those cases, we prefer you to call in advance so we can try to schedule you for the day. In most cases, we will make your next appointment prior to your leaving. Regular office hours are 8AM to 5PM, Monday through Friday.

There is a \$25.00 charge for missed appointments unless the appointment is cancelled at least four hours in advance. This charge is waived in the case of bad weather (such that the city schools or city office's are closed).

You will receive a reminder phone call prior to your appointment. Unless you instruct us otherwise, we may leave a message confirming your appointment with any adult member of your family or on your answering machine.

### **Emergencies**

If you are experiencing what you perceive as a true emergency, go immediately to the emergency room or call 911. Have the emergency room staff and/or a family member contact us.

### **Lab/Diagnostic Tests**

Within 48 hours of our receiving your lab or test results, we will contact you if the results are abnormal. Pursuant to the Notice of Privacy Practices for Protected Health Information provided with this form, we will leave these results directly with you or an adult member of your family according to the numbers you provide.

### **Medical Records/Forms**

If you need medical records for any reason, we will be happy to copy them for you. Except in cases of true emergencies, we will need a few days notice. There will be a \$20.00 copying fee. This fee must be paid in advance.

## **Medicare Patients**

We participate with Medicare. Therefore, you will only be responsible for Medicare allowed charges unless you have signed an Advance Beneficiary Notice stating that you know a service may not be covered. An exception to this is refraction (checking glasses), which is never covered by Medicare. You will always be expected to pay for this service.

It is important for us to know if Medicare is your primary insurance. If you or your spouse is still employed and a group health plan is available, that group plan is primary. If you have been in a car accident, if your retirement package covers your insurance, or if your visit is a workman's compensation claim, Medicare is not primary. We will inform you by letter if we receive information from Medicare that it is not primary. After you contact Medicare to resolve this matter, please call our billing office at (901) 680-1990.

Unless you have secondary insurance that covers co-insurance and deductibles, you will be expected to pay your \$100 dollar a year deductible for provider services and your 20% co-insurance at each visit.

## **Payment for Services**

Please bring your insurance cards with you at each visit. Please also bring any co-pay, co-insurance and deductible amounts that are due. We will bill your insurance company as a courtesy to you. Any portion of your bill that remains unpaid after we have received insurance reimbursement will be billed to you. If you have a change of insurance, please call our billing office at (901) 680-1990. It is very important that you keep us updated with this information.

If we have not received payment within 90 days, we will no longer bill your insurance company but will bill you directly. Any amount billed directly to you is due upon receipt. If the bill is not paid or payment arrangements have been made within 60 days after billing you, your account may be turned over to collection agency. **The collection agency fee will also be your responsibility.**

## **Prescriptions**

Due to the large number of calls we receive for prescription refills, we are requesting that you insure you have enough medication to last until your next visit. If not, please ask for a written prescription. Please remember to bring all of your medications with you each time you visit the office.

## **Referrals**

If you require a referral from your primary care physician to be seen in our office, it is your responsibility to obtain that referral before being seen.

## **Telephone Calls**

The technician or doctor may not be able to speak with you when you call. Telephone calls are generally returned by the end of the business day. If your call is made outside of normal business hours, please follow the instructions on our office voice mail.