

E. BROOKS WILKINS FAMILY MEDICINE, P.A.

4020 Wake Forest Road, Suite 201, Raleigh, NC 27609

Phone 919.571.6465 Fax 919.571.6455

Thank you for choosing E. Brooks Wilkins Family Medicine, P.A. We are committed to providing you with the best medical care possible. Please review our Policies & Procedures below. If you have any questions, please ask one of our staff members to assist you with an explanation. If you require further explanation, the Office Administrator may be contacted. After you have read this document in its entirety, please sign below. Your signature constitutes an agreement to the Policies & Procedures of our practice.

POLICIES AND PROCEDURES

Office Hours

Our office is open Monday-Friday 8:00am-5:00pm. We are closed most major holidays. We strive to schedule appointments at the most convenient time possible to accommodate the needs of our patients. If a same day appointment is needed, we will try to work you in with any available provider. A physician is on call after hours and on weekends for acute care concerns. In the event of a medical emergency, call 911. All other medical-related messages will be handled within 24 business hours.

HIPAA

Our office is HIPAA (Health Insurance Portability and Accountability Act) compliant. Our Privacy Notice is posted at the front desk, and copies are available upon request.

Insurance and Demographic Information

Proof of valid insurance, demographic information, and photo identification will be verified at each visit to guarantee accurate billing. Failure to present your insurance card and Driver's License at the time of the visit may result in requiring payment in full at the time of service.

Prescription Refills

E. Brooks Wilkins Family Medicine does NOT accept prescription refill requests from patients or pharmacies. . If you need a refill, please call our office at least one week before your prescriptions run out to set up a follow up appointment. If you use a mail-order pharmacy, you will be responsible for mailing the written prescription in.

Laboratory Services and Test Results

Since contracts between various insurance companies and labs change, it is the responsibility of the patient to know which lab is in-network for their policy. Most test results are available within a few days, but may take up to two weeks to receive. Your physician or a nurse will mail a copy or call you with results once reviewed.

Referrals

Your physician may refer you to a specialist. Your insurance company may allow you to schedule an appointment without pre-authorization. If possible, we will coordinate an appointment for you within 48 business hours if your insurance requires pre-approval. Some specialists prefer to contact the patient directly to schedule an appointment. If you do not hear from the specialist within 5 business days, call their office.

Completion of Forms

Any paperwork that requires physician input, including disability, employer, FMLA, insurance forms, etc., can be very time consuming for both you and your physician. Complete all required information prior to submission to your physician. It may be necessary to schedule an appointment with your physician to review the requested information. At the discretion of your physician, there may a fee for completion of forms.

Request for Medical Records

Copies of a patient's medical records will only be released with written HIPAA compliant patient authorization. If you are requesting your records to be transferred from another doctor or organization to us, you authorize us to receive all relevant information.

Termination from our Practice

Our office wants to protect patients' rights, and values patient relationships. Reasons for termination include, but are not limited to: repeatedly no-showing for scheduled appointments, being non-compliant with recommended physician care, being hostile or abusive to staff, or not paying bills in a timely manner. In the event of termination, our office will send 30 days written notice via Certified Mail as directed by the North Carolina Medical Society.

The Financial Policies and Procedures continue on the next two (2) pages.

FINANCIAL POLICIES AND PROCEDURES

At E. Brooks Wilkins Family Medicine, we believe that all patients who come to this office deserve the best medical care that can be provided. In order for us to provide you with the highest quality medical care, we must ensure that we are able to meet the expenses necessary to operate this facility. To ensure that these expenses are met, we provide you with this agreement to acquaint you with our financial policy. We hope that you will recognize that our financial policy is a necessary part of assuring the resources required to maintain this health care facility for our patients.

This is an agreement between E. Brooks Wilkins Family Medicine, as creditor, and the Patient/Debtor named on this form. In this agreement the words “you,” “your,” and “yours” mean the Patient/Debtor. The word “account” means the account that has been established in your name to which charges are made and payments credited. The words “we,” “us,” and “our” refer to E. Brooks Wilkins Family Medicine, P.A. By executing this agreement, you are agreeing to pay for all services that are received.

Insurance

Insurance is a contract between you and your insurance company. We will bill your insurance company as a courtesy to you. It is extremely important that we obtain complete information about your primary and supplemental insurance companies. We will also use this information to help you with your insurance company’s preauthorization process. We cannot stress enough how important it is for you to be aware of your insurance company’s requirements. Patients are ultimately responsible for any charges or portion thereof for which payment is denied by insurance for whatever reason, except where prohibited by law or prior contractual agreement.

Copay

Copays are due at the time services are rendered. Due to our contractual obligation with insurance companies, we are unable to discount or waive this fee. All deductibles and outstanding balances are due upon receipt of the first invoice. If you are unable to make payment, you may be asked to reschedule. If a problem significant enough to require additional work is encountered during a Preventative Exam, then the appropriate Office Code will be reported to the insurance company as well. Please be aware that your insurance company may require a second copay.

Payment Options

We accept cash, Money Order, personal or Cashier’s check, Visa, MasterCard, and Discover. Payment is due upon receipt of your invoice. Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued. We reserve the right to cancel your privilege to make charges against your account at any time. Future visits would then need to be paid at the time of service.

No-Show Policy

We make an effort to contact every patient the day before their appointment as a courtesy. It is, however, the patient’s responsibility to arrive for their appointment on time. This policy has been made necessary by increasing numbers of people not keeping their appointments, which is very frustrating when there are so many other people who want to be seen. This fee is not covered by your insurance and will apply if you fail to notify us of a cancellation at least 24 hours in advance of your appointment. Please do not leave messages for or page our on-call providers for this purpose. On-call providers can NOT inform administrative staff of changed appointments. Should a true emergency arise that causes a missed appointment, please contact us as soon as possible to discuss the fee. Cancellations must be received 24 hours in advance so that we may assist patients who need to be seen. There is a \$25 same-day cancellation or no-show fee for most office visits, and a \$50 fee for physical exams or office visits requiring extended time. This fee must be paid before or at the time of the next appointment. Patients with an unreasonable number of missed appointments may be asked to transfer their care to another office.

Returned Checks

There is a fee (currently \$25) for any checks returned by the bank. After a returned check, all subsequent payments must be in the form of cash, Cashier’s check, Money Order, or credit card; personal checks will no longer be accepted by the patient.

Collections

We urge you to keep your account current to avoid any misunderstandings with our office. At that point, the account is out of our hands. If your account becomes past due, we will take necessary steps to collect this debt. Delinquent accounts may be turned over to an attorney or collection agency without notice, and may assess an additional collection fee as permitted by law. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyers’ fees which we incur plus all court costs. In case of suit, you agree the venue shall be in Wake County, North Carolina.

Waiver of Confidentiality

You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

Finance Charge

A finance charge will be imposed on each item of your account which has not been paid within one hundred twenty (120) days of the **Date of Service**. Most insurance carriers will take about thirty (30) days to make payment. The FINANCE CHARGE will be computed at the rate of three percent (3%) per month or an ANNUAL PERCENTAGE RATE of thirty-six percent (36%). The finance charge on your account is computed by applying the periodic rate (3%) to the "overdue balance" of your account. The "overdue balance" of your account is calculated by taking the balance from visits more than one hundred twenty (120) days ago, and then subtracting any payments or credits applied to the account during that time. We use computer billing and are aware that sometimes errors do occur. Please call if you have a question about your bill. Most problems can be settled quickly and easily, and your call will prevent any misunderstandings.

Divorce

In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Co-signature

If this or another Financial Policy is signed by another person, that co-signature remains in effect until canceled in writing. If written cancellation is received, it becomes effective with any subsequent charges.

Effective Date

Once you have signed this agreement, you agree to all of the Terms and Conditions contained herein and the agreement will be in full force and effect.

I HAVE READ AND UNDERSTAND THIS INFORMATION. I AM THE PATIENT OR AM AUTHORIZED TO ACT ON BEHALF OF THE PATIENT TO SIGN THIS DOCUMENT VERIFYING CONSENT TO THE ABOVE STATED TERMS.

Patient or Guardian Signature: _____

Date: _____

Printed Name: _____

Witness Signature: _____

Date: _____

Printed Name: _____