



## OFFICE AND FINANCIAL POLICIES

### OFFICE POLICY

#### Your Appointments

Initial reminder calls are made by our automated system and/or sent to you as an email or text message 2 days in advance of your appointment. If you are unable to keep the appointment, you must give us a 24 hour notice or you will be charged a fee.

Whenever you have a change in address, phone number, or other contact information, please notify the office as soon as possible so we can update your records and be able to contact you when necessary.

#### No Show and Cancellation Policy

Patients who cancel their appointment without 24 hour notice or do not show for a scheduled appointment will be charged a fee of \$100.

Our office requires this amount of time at a minimum to be able to fill your time slot with another patient who needs that valued time with their provider. We understand there may be extenuating circumstances. Please call the office as soon as possible. However, be advised that multiple no shows or same day cancellations may lead to dismissal from the practice.

#### Arriving for your Appointment

All patients should plan on arriving 15 minutes before your scheduled appointment and will need to update and verify demographic and insurance information at each visit. A valid state picture identification and insurance cards must be presented.

Arriving late for your appointment affects every patient seen by that provider following your appointment. Therefore, patients arriving late may have a delay in being seen or may need to be rescheduled.

#### Referrals

It is your responsibility to check with your insurance carrier to determine if a referral or prior authorization is needed for appointments scheduled outside of our office. We are not responsible for patients who schedule their own appointments without our knowledge and without obtaining a referral/prior authorization from us.

#### Forms

There may be a fee for medical forms requiring provider completion. Please allow 10 business days for completion.

#### Patient Compliance

Our patients are expected to be seen for routine complete examinations and at regular intervals especially when on maintenance medications. These intervals will be determined by your primary provider.

The practice reserves the right to discontinue the physician/patient relationship (patient discharge) due to patient non-compliance regarding medical and or office policies. This includes, but is not limited to, excessive no shows, not returning phone calls to the practice, or continued rescheduling of appointments. Furthermore, patient disrespect to staff or providers will not be tolerated and will result in the discontinuation of the physician/patient relationship (patient discharge).

## **Prescription Refills**

All patients are expected to call their pharmacy of choice when in need of medication refills. Your pharmacy will electronically send a e-script to your provider for your refills. For refills on controlled substances you should call our office prescription line and leave a message with the requested information to refill your prescription. These prescriptions will be sent electronically to your pharmacy as per NYS requirements. We require 48 hours to refill all prescriptions.

## **Release of Records**

We require a HIPAA compliant records release form to be completed and signed by the patient in order to obtain and/or forward records to another provider of care. There will be no charge for the first request. There may be a charge for additional requests.

## ***FINANCIAL POLICY***

It is the patient's responsibility to ensure that we participate with their insurance carrier prior to an appointment. Since each insurance carrier has multiple plans that can vary with each employer group contract, we cannot always tell you in advance whether your charges will be covered. Any remaining balance after insurance processing is the patient's responsibility.

You must present your valid insurance card at every visit. Failure to present correct insurance information within 60 days will result in patient responsibility for all charges.

***REMEMBER***, your copay and any outstanding balances are due at the time of service.

## **Self-Pay Patients**

Self-pay patients are required to set up payment arrangements with the Billing Department staff upon checkout following your appointment.

## **Billing Statements**

You will receive a statement for any balance due after your insurance carrier processes your claim. If 90 days have lapsed without payment, your account will be referred to our collection agency.

In consideration of financial hardship situations, please contact our Billing Department to establish a payment plan within 30 days of receiving your first statement.

If you have not contacted our billing department within 60 days of being referred to our collection agency, you may be discharged from the practice.

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**OFFICE and FINANCIAL POLICIES  
Acknowledgment**

I have received and reviewed the Office and Financial Policy Document.

Patient Signature \_\_\_\_\_  
Date \_\_\_\_\_

Patient printed name \_\_\_\_\_  
Date of Birth \_\_\_\_\_