

Office & Financial Policies

Thank you for choosing Allman Family Medicine, PC. We realize that you have a choice in medical providers and are pleased that you have chosen to seek care with us. The staff at Allman Family Medicine strives to exceed expectations in care and service in order to make your experience with us as comfortable and stress-free as possible. Our goal is to provide quality medical care in a timely manner. In order to do so we have implemented an appointment/cancellation policy. The policy enables us to better utilize available appointments for our patients in need of medical care. Please feel free to contact our office if you have any questions regarding our policies.

OFFICE HOURS

Our office is available Monday-Friday 8:00am to 4:00pm, and may be reached at (256) 428-0444. Our Providers are available after hours by calling our office and speaking with the answering service team member. If you need an appointment, prescription refill or test results, please call during regular business hours. **Initial** _____

APPOINTMENTS

Allman Family Medicine is committed to providing quality care to our patients. To ensure timely continued care, we encourage patients to schedule appointments in advance of follow-up due dates. When calling for an appointment, please provide your name, telephone number, chief complaint/reason for visit, as well as any updated contact or insurance information.

While we strive to schedule appointments appropriately, emergencies can and do occur in Family Care. We strive to give all of our patients the time that they require. For this reason, we kindly request your patience and understanding should a delay or rescheduling become necessary on your appointment date.

To ensure quality care, Allman Family Medicine, PC, does not treat patients we have not seen (*i.e., we will not call-in prescriptions or offer medical advice for patients prior to their initial visit*).

Follow up may be required to be scheduled after testing has been completed, so that results may be reviewed together, so an effective and appropriate plan for your healthcare can be determined. We encourage you to schedule appointments for preventative health visits, physicals, pap exams, chronic medical conditions, prescription renewals and sick visits. **Initial** _____

CANCELLATION OF AN APPOINTMENT

In order to be respectful of the medical needs of our patients please be courteous and call Allman Family Medicine promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in need of treatment. This is how we can best serve the needs of our patients. If it is necessary to cancel your scheduled appointment, we require that you call **one (1) business day in advance**. Appointments are in high demand, and your early cancellation will give another person the ability to have access to timely medical care. Therefore, we will assess an administrative fee of \$45.00 for appointments cancelled inside of one (1) business day. **Initial** _____

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NO SHOW POLICY

A “no show” is someone who misses an appointment without canceling it within one (1) business day in advance. No-shows inconvenience those individuals who need access to medical care in a timely manner. A failure to present at the time of a scheduled appointment will be recorded in your medical chart as a “no show”. An administrative fee of \$45.00 will be billed to your account. You will be sent a letter alerting you to the fact that you failed to show for a scheduled appointment and did not cancel the appointment within one (1) business day in advance along with the bill for the administrative fee. A copy of the letter will be placed in your medical record. Three (3) “no-shows” within one (1) calendar year will result in a temporary suspension of services. In order to reinstate services, you will be required to meet with your Primary Care Physician Office Coordinator within 30 days of the third no show letter to evaluate your situation. In the event you do not respond and/or schedule an appointment within 30 days, we will consider your patient status as terminated. At this time, we will send a letter in mail confirming the dissolution of the physician-patient relationship. **Initial** _____

*****Please note that No-Show charges are patient responsibility and will not be billed to your insurance company. Patients are required to settle the No-Show charge prior to scheduling new appointment.***

INSURANCE

Allman Family Medicine accepts most insurance plans. The patient is required to provide proof of insurance and current driver’s license at each appointment for verification. Delays in verification of insurance may make you responsible for any payment in full. If you have specific questions regarding your insurance, please contact your insurance company for additional guidance. It is patient responsibility be aware of his/her insurance benefit plan and to inform our office of any changes in insurance coverage. This includes knowing which labs, hospitals, and other providers your insurance covers. Failure to do so could cause delay or denial of insurance payment and patient care. Patients are responsible for co-pays, coinsurances, and deductibles at time of service. If the patient is unable to fulfill his/her payment, we will gladly assist in rescheduling the patient's appointment to a later date when payment is able to be made. On occasions, a service may not be deemed necessary or reasonable by your insurance plan. If applicable, you will be billed for services not covered by your insurance (as stated in your insurance contract) by our business office. **Initial** _____

PAYMENTS

Allman Family Medicine accepts cash, personal checks, MasterCard, Discover, Visa and American Express. Checks can be made out to Allman Family Medicine, PC. It is the policy of Allman Family Medicine to make all reasonable attempts to collect outstanding balances should they accrue, including, convenient payment arrangements. Following these attempts, accounts in poor standing after ninety (90) days will be outsourced to a third party for the purpose of collection and may result in you and your immediate family’s dismissal from the practice. **Returned Checks** will be assessed a \$35.00 NSF charge to the patient’s account. If that occurs, the patient will no longer be permitted to submit payment in form of a check. The patient will also be responsible for the original payment plus any additional fees associated with collection of payment. **Initial** _____

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FORMS/LETTERS

We understand that at times, various forms or letters may be required to assist you with your healthcare needs. The staff at Allman Family Medicine will be happy to complete the forms and write medical letters during your specific office visit. However, because this can be time consuming, please allow the appointment to be solely regarding the information needed on the form. If forms are lengthy and are completed without an office visit, you will be assessed a \$30.00 fee for completion of requested form/letter. This fee will be due prior to completion of form(s). **Initial** _____

MEDICAL RECORDS

Per HIPAA guidelines, copies of medical records must be requested in writing. To ensure your privacy, a form for release of medical information must be completed prior to receipt of these materials. All patients can request a copy of single items from his/her medical records, free of charge. Complete copies may be requested at a cost of \$30.00 and released digitally on disc. The law allows Medical Offices 30 days to complete requests for records. However, our medical records department puts forth every effort to respond to these requests in a timely manner. We do not charge for doctor-to-doctor medical record transfers. To avoid any delays in your request, it is the patient's responsibility to complete the medical records release form in its entirety. **Initial** _____

PRESCRIPTION REFILLS & PHARMACY INFORMATION

We strive to have zero errors with your medications. Therefore, we ask that you present all medications in the original bottles at time of visit. Please inform Allman Family Medicine of which Pharmacy you use and update us if this should change. Please allow 24-48 hours for your refill requests to process electronically when requested in office during your visit. We encourage our patients to review their medications prior to their office appointments and to request refills at that time, if needed. Refill requests outside of an office visit, may be limited to a small supply and will be subject to \$10.00 administrative fee per prescription. Please allow 48-72 hours for medication processing outside of an office visit. We highly encourage members to attend all scheduled appointments to avoid any additional occurrence.

Please note that we do not provide care for chronic pain management with controlled substances. Medical conditions requiring long-term controlled substances will be referred to providers who can best care for your condition(s). **Initial** _____

Acknowledgement

By initialing each above statement and signing below, I acknowledge that I have received, reviewed, understand, and will comply with the policies and procedures explained in the Allman Family Medicine, PC Office & Financial Policies form.

Patient Signature: _____

Date: _____

Patient's Printed Name: _____

Relation to Patient: _____