



# ***Physicians for Women, PC***

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## **OFFICE POLICIES**

*We want your visit at our office to be a pleasant one. Our staff is available to assist you in any way. The following information might be helpful to you.*

In order to provide the best care, our patients are seen by appointment only. You may schedule appointments by calling our office during the following hours:

Monday: 9:00 A.M. to 5:30 P.M.

Thursday: 8:30 A.M. to 5:30 P.M.

Tuesday: 9:00 A.M. to 6:00 P.M.

Friday: 8:00 A.M. to 5:00 P.M.

Wednesday: 7:30 A.M. to 4:30 P.M.

Our physicians are not scheduled to see patients between the hours of 11:30 A.M. and 1:15 P.M. however, the reception area usually remains open.

Medical emergencies will be given immediate attention. Please note, however, that under normal circumstances our office will give priority to all patients with scheduled appointments. Those patients who call the office or visit without an appointment will be assisted as time permits during the course of the day or following days.

If a medical need arises during non-office hours, you should call the office phone number and our "on-call" nurse will return your call. We cannot return your call if your phone will not accept calls from "private name, private number". In the event that you cannot keep your scheduled appointment, please call our office during regular office hours, 24 hours in advance. Those patients who show up late for their scheduled appointment may have to be rescheduled or have a significant wait time, to accommodate the patients who arrive at their appointed time. Our physicians reserve the right to refuse to see patients with excessive "no-show appointments" and patients who are noncompliant with physician's treatment plans or orders. \_\_\_\_\_ (initials)

Please call the office with any changes to your address, telephone number or insurance coverage. This will assist our staff in maintaining accurate records and filing insurance claims as an additional service to you. \_\_\_\_\_ (initials)

For **LAB ONLY OR INJECTION PATIENTS**: Please call our office and schedule an appointment. This will allow us to have your chart ready and minimize your waiting time.

**PRESCRIPTION REFILLS**: Please call your pharmacist for prescription refills. Your pharmacist will fill the prescription or call the office for authorization if necessary. We will **not** authorize refills after our usual office hours, on weekends, or for other doctor's prescriptions. Please keep in mind that many medications require routine follow-up visits.

**OFFICE COURTESY**: We strive to make our office a friendly environment. Cell phone use is not allowed in the office. Please make sure your cell phone is turned off when you are interacting with the staff. To maintain cleanliness and to adhere to OSHA guidelines, **no food or drinks are allowed in the reception area, hallways or exam rooms**. Our staff will treat patients and family members with respect and courtesy. We expect courtesy and respect in return. Verbal abuse or yelling at staff members will result in termination of the doctor-patient relationship.

## **LAB POLICIES**

We are pleased to announce that we have started utilizing **LABCORP** laboratory to process our tests. It is possible that you will receive a bill directly from **LABCORP**. You must contact them, and not our office regarding their bills. Please be aware that we **DO NOT** file insurance for lab tests as "Routine Annual". You should realize that if you have a deductible for lab services, your lab services may be charged to your deductible and billed to you. \_\_\_\_\_ (initials)

If you have additional questions regarding your lab tests or any other aspects of your condition, please call our office to schedule a follow-up visit. This will enable our providers to devote adequate attention to your concerns. This system eliminates the need for you to call our office or await results from our staff. Your results should be available within two-weeks following the time of your visit. The results of your pap smear and some blood work will be mailed to you.

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## Financial Policy

**We Currently Participate With Most Insurances.** We will gladly file your insurance as a courtesy to you, if you present with a current insurance card. We do not bill patients for co-payments or **known** co-insurance amounts. All co-payments and co-insurance are due **PRIOR** to seeing the physician. All other balances will be billed monthly and payable upon receipt. In addition, all patients with deductibles should plan to pay for their visit in full during the first three months of each calendar year. If there are financial problems, we will be happy to review your account and discuss payment options with you. We accept cash, debit card, VISA, MasterCard, American Express, Discover and personal check. There will be a service charge of \$35 on all returned checks. \_\_\_\_\_ (initials)

**Effective Immediately: In compliance with current regulations, we do not offer “professional courtesy” write-offs.**

**Referral or Authorization:** Most Managed Care Policies (this includes PPO's and HMO's) require that you obtain a referral from your primary care physician (PCP) before you see a specialist. You will be financially responsible for any visit not authorized. Therefore, we ask that you contact your PCP and generate their referral process. We also request that you contact our office to confirm that your PCP has provided us with a referral. Depending on your particular plan, the referral may be good for a specified problem and a specified number of visits with an expiration date. So that you are better informed, please verify the reason for the visit, the number of visits permitted and the expiration date. \_\_\_\_\_ (initials)

**Co-pay:** The office visit may require a co-pay. Please be prepared to pay this amount **before you see** the doctor for your scheduled appointment. If someone is not prepared to pay their co-pay, their visit may be rescheduled. Georgia Medicaid co-pay is \$2.00 or \$3.00 and this also will be expected. \_\_\_\_\_ (initials)

**Deductible:** Depending on the type of insurance you have, you may have a yearly deductible to meet. Our office will make every effort to verify your insurance benefits prior to any procedures or surgeries you may schedule. We will call and inform you of the deductible and co-insurance. You will be asked to pay the deductible at the time of service. \_\_\_\_\_ (initials)

**Out of Network Services:** Some insurance plans allow you to go out of network to see a provider without a referral. Usually, you will have a deductible to meet and a higher percentage to pay "out-of-pocket". If you have additional questions, or concerns, please let us know. \_\_\_\_\_ (initials)

**Collections:** In the event your account becomes delinquent with the office, attempts will be made to collect the debt. Failure to pay will result in collection agency involvement and a charge of \$50.00 will be added to your account. We reserve the right to discharge you from our practice if your account goes to collections. Any patient who has been placed in collections must pay any balance owed to the practice in cash or with credit card before the practice will see them again. Any patient who has had an account previously written off to “bad-debt” must pay any balance owed to the practice in cash or credit card before the practice will see them again. \_\_\_\_\_ (initials)

As a courtesy we file insurance claims with the companies we participate with. If your insurance company denies payment because they request additional information from you, please respond to your insurance company and contact our office with the requested information. The balance becomes the patient's responsibility if we do not receive payment within thirty (30) days of the request. Payments must be current and/or balance paid in full prior to seeing the provider in this office.

Patient balances, are processed as follows:

- ◆ Statements are not sent for copays or for a balance of less than \$5.00.
- ◆ Only one statement will be sent showing a balance of \$25 and under.
- ◆ No more than two statements will be sent showing a balance of \$25 to \$50.
- ◆ Two statements will be sent showing balances of \$50 and over. If balance is not paid or arrangements made, the patient will receive a “PAST DUE” statement.
- ◆ After the “PAST DUE” statement, a final collection notice will be sent; and
- ◆ If no response to the final collection notice, the patient's account will be charged a \$50 fee and placed in collections.

Please sign below to indicate that you have read and understand the above and agree to abide by the policies printed. Again, thank you for choosing this office for your medical care. Feel free to offer comments and suggestions on how we can continue to provide the highest quality of care to our valued patients.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date