

GENERAL OFFICE POLICIES

SCHEDULING & NURSE CALLS

Reaching our Practice. You can reach our office at (318) 797-5848, during normal office hours of 8am-5pm Monday-Friday. You will be directed to the appropriate personnel for your specific question or concern: Scheduling, Billing, New Patient Coordinator, or Referrals. You may also reach the office by utilizing the myHealthspot Patient Portal, however this is not monitored 24/7 and best used if you do not have a pressing matter. Our answering service will take calls after-hours at (318) 797-5848. **If you believe your concern is a medical emergency, call 911 or seek immediate medical assistance at the nearest full-service emergency room.**

Nurse Calls. Your phone call is automatically sent to a nurse when you leave a message with the receptionist. The nurses generally return calls within **48-72 hours**, depending on the nature of the call. If your call has not been returned after 72 hours, please call our office at (318) 797-5848 and ask to speak to the practice manager. Please **do not make multiple phone calls** to the office within the day. You will be asked to make an appointment for issues of general consultation other than medication side effects. Nurse and/or provider calls with the patient, should they meet certain criteria, may be considered billable services.

Surgery by Other Physicians. You will need to schedule an appointment with our clinic **BEFORE** undergoing any surgical procedure for any condition that you receive treatment for by this clinic and notify the provider of post-operative medication(s) prescribed.

Opioid Treatment. If you are receiving narcotics from our office, please remember that you have signed a written agreement to follow certain safeguards. The purpose of the narcotic treatment agreement is to help us maintain a safe, controlled treatment plan for you. You must remember:

- You are not to receive pain medications from any other physician besides those at River Cities Interventional Pain Specialists. We monitor your pharmacy records periodically and if discovered that you have obtained narcotics from another provider, it will result in a referral for addiction treatment and loss of prescription privileges.
- You must take your medication exactly as instructed. Do not change dosage amounts without talking to our office first. If you want to change medications, you must bring un-used medicine with you to your appointment.
- You must keep all regular follow-up appointments and attend nurse visits.
- If prescribed a controlled medication you may be called for a mandatory compliance visit which you must present to the office within 48 hours of being notified. This is standard procedure for practices prescribing controlled medication as required by schedule II-V license holders of the state of Louisiana.

It is important to make sure that you have enough medication to make it through the weekend or after hours. Medication refills **will not** be called in or refilled by the provider on-call after hours or on weekends.

APPOINTMENTS

When to Arrive for Your Appointment. Please be advised that patients are asked to arrive early for appointments. *FOR ESTABLISHED PATIENTS*, patients are to arrive 15 minutes before their scheduled appointment and have visit paperwork completed prior to coming. Forms can be completed in the Portal or printed from the website.

FOR NEW PATIENTS, we ask that you arrive at least 30 minutes prior to your scheduled appointment time and visits generally last 2-3 hours. Please allow time and prepare for a visit of this length on the day of your initial appointment. Please make sure you complete all required new patient paperwork prior to your visit and bring them to your appointment. This information will be used by the provider during your evaluation. Failure to have the forms completed prior to your arrival may result in your appointment being delayed or rescheduled to a later date.

Late/Cancellations/No-show Appointments. Our practice strives to provide not only the finest medical care, but also to provide a high level of efficiency and patient service. In order to have adequate office hour coverage, and to keep on schedule during our office hours, we follow a strict Late/No-show Policy. A fee may be charged if the following guidelines are not followed.

- If you arrive 15-20 minutes past your scheduled appointment time the Director of Nursing will be consulted for permission to be seen.

- Any tardiness over 20 minutes will not be seen that day and must be rescheduled. If you need a prescription refill, the receptionist will have a nurse contact you to discuss your prescription refill.
- Cancellation of an appointment for established patients require 24 hour notice.
- All New Patients must give 48 hours' notice if needing to cancel or reschedule the appointment or will forfeit the New Patient Deposit.
- Established patients that reschedule within 24 hours of appointment or No-show may be billed a fee. Following three (3) "No-show" appointment cancellations you may not be allowed to reschedule another appointment.

Note: Pain medications cannot be called in, so it is imperative to keep scheduled appointments.

ZERO TOLERANCE POLICY

Our Practice staff aim to be polite, helpful, and sensitive to all patients' individual needs and circumstances. We value our teammates and patients and treat them with respect and dignity, acting in a professional manner at all times. We believe in treating people the way we all want to be treated. We will nurture an environment in which everyone feels included, valued, and appreciated.

Aggressive behavior, be it verbal or violent, toward any patient, staff member or member of the community will not be tolerated and may result in discharge from the practice. Individuals behaving in an aggressive verbal or physical manner while on the property will be requested to leave immediately. Failure to do so will result in the police being notified. Any threats or verbal abuse towards patients or staff is grounds for discharge from the practice.

FORMS AND LETTERS

Work Excuses. If you require a work excuse, please ask for it at the time of your appointment. Work excuses are only allowed for the same day of a scheduled appointment or procedure.

Disability Forms. Our office will not initiate long-term disability. Our requirements for the completion of disability forms or letters are listed below:

- The office will consider continuance of disability forms, first initiated by another provider, subject to review and decided upon by a case-by-case basis.
 - There will be a charge that must be paid prior to the completion of the form/letter. The charge for most forms is \$25.00.
 - Ten (10) to fourteen (14) working days will be required for the completion of the form/letter.
 - The completion of some forms/letters may require an office visit if additional assessment is required.
 - We reserve the right to refuse to complete a form if it requests information that we do not have as part of your treatment plan.
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FINANCIAL POLICY

Most insurance plans cover the cost of the visits, less any applicable co-pays, co-insurance, and deductibles. It is your responsibility to: check with your plan in advance to ensure that we participate with your insurance plan, review your benefit coverage; and ensure all pre-approval requirements are met to avoid denials or out-of-network benefits.

In summary, your financial responsibility pertains to:

1. For your convenience, we accept cash, checks, and most major credit cards. Please note that there is a \$25.00 service charge for all returned checks and, if a check is returned for insufficient funds, the practice will no longer accept checks for payment from the individual.
2. We will collect your deductible, co-pay, uncovered services or the percent you are responsible for at the time of your visit. Please be prepared to pay at the time of check-in before you are seen by the provider. If you do not have your payment, you may be asked to reschedule. It is the patient's responsibility to know the terms of their insurance plan.

3. You must bring your insurance card and photo I.D. with you to every visit as well as any authorization information your insurance may require. Policies change frequently and we must have these to identify correct claims processing and avoid possible payment delays from your insurance payer. Without these, you may be asked to reschedule.
4. Medicaid consists of five different bayou health plans. If you have Medicaid, you will need to present the new card associated with your specific plan. Please be advised, our office can only accept Medicaid if it is secondary to another insurance payer.
5. If your insurance leaves a balance for patient responsibility or denies payment on your account, you will be asked to pay by check, cash, or charge. You may also pay your bill online through your patient portal. If you do not pay in a timely fashion, your account may be placed into Bad Debt status and no appointments will be scheduled until paid in full. If you fail to meet the financial obligations agreed upon in this financial policy or have not made other payment arrangements with our billing department, your outstanding balance will be sent to a collection agency. You will be required to pay your entire balance and any collection agency fees, up to 25% of your account balance, before being scheduled for any further appointments.
6. In accordance with AMA CPT guidelines, we reserve the right to charge for telephone calls with our medical professionals that include evaluation and management of your medical condition. We will bill your insurance for such calls, but if it is not covered by your plan, you may be responsible for the charges.
7. **TRICARE, HMO or PPO PATIENTS REQUIRING A REFERRAL:** You are responsible for making sure your visits with our office are authorized by your primary care physician or manager (PCP/PCM) or insurance payer. This authorization must be obtained *before* your scheduled visit. It is the patient's responsibility to make sure we have received authorization. If you do not have the proper authorization, your appointment will be rescheduled.
8. **SELF-PAY PATIENTS:** This category includes patients with no insurance and the patients who have an insurance plan with which we do not participate. Payment for medical services is required prior to services being rendered. We accept Visa, MasterCard, Discover and American Express, checks, cash, and money orders. A Good Faith Estimate and receipt will be provided.
9. Should you need to cancel or change your office visit appointment we require 24 hours' notice or you may be subject to a **\$25.00 charge**.
10. We understand that there may be times and circumstances that come up where you are unable to pay your entire bill. In these situations, it is very important that you contact our billing office at (318) 797-5848 option 4 so a financial representative can assist you in setting up a reasonable payment plan and to keep your account in good standing. The provider and/or practice manager must approve payment plans and discounts. Payment arrangements are understood and agreed upon by the patient and provider prior to services being rendered.

AS A FINAL NOTE:

Your policy is a contract between you and your insurance company. We are not a part of that contract and cannot guarantee payment by your insurance carrier. If your insurance plan does not pay for all services or denies coverage, you will be responsible for all fees due. If your insurance company denies payment of your claim, contact your insurance company directly. If they have not paid you will be held responsible for any balance due, and you will be billed accordingly. Dissatisfaction with your insurance company does not constitute reason to withhold payment of your account with RCIPS. We do accept assignment of your benefits; however, please be aware that some or all of the services provided may be a non-covered service under your plan. You will be responsible for these non-covered charges. In the event that your insurance coverage relates to a plan where we are not a participating provider, you will be 100% responsible for all charges incurred.

If you have any questions regarding this financial policy, please call BEFORE you are seen. Our business office is prepared to answer any questions you may have at (318) 797-5848 option 4.

CONSENT TO TREAT

Thank you for choosing River Cities Interventional Pain Specialists as your health care provider. The following is a statement of our Release of Information, Financial, and Medical Policies which we require you to read and sign prior to any treatment.

ASSIGNMENT OF BENEFITS: I hereby assign all medical and surgical benefits, to include major medical benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s), including Medicare, private insurance and any other health/medical plan, to issue payment check(s) directly to River Cities Interventional Pain Specialists rendered to myself and/or my dependents regardless of my insurance benefits, if any. I understand that I am responsible for any amount not covered by insurance.

AUTHORIZATION TO RELEASE INFORMATION-For Billing Purposes: I hereby authorize River Cities Interventional Pain Specialists to release medical information to Medicare, my employer's benefits department, or my other insurance company for the sole purpose of obtaining payment for my medical care. I understand that only information pertaining to obtaining payment for my care will be released. I agree that a copy of this release may be used in place of the original.

AUTHORIZATION TO RELEASE INFORMATION-For Coordination of Care: I hereby authorize River Cities Interventional Pain Specialists to release medical information to my referring physician, primary care doctor, case manager, and any other individual involved in my medical care for the sole purpose of facilitating treatment. I understand that my medical information is confidential and that I have a chance to request that my physician not share my medical records with any of the above individuals. Should I choose to exercise this right, I will provide in writing to my physician and any of the individuals involved in my care whom I do not wish to receive my medical records. I agree that a copy of this release may be used in place of the original. I am aware that I may request that this Release of Medical Information may be revoked at any time by providing the physician's office with a dated and signed letter.

PAYMENT FOR MEDICAL SERVICES: All professional services rendered are charged to the patient and are due at the time of service unless other arrangements have been made in advance with the billing office. Necessary forms will be completed to file for insurance carrier payments. I hereby assume financial responsibility for all charges incurred for services rendered. I understand that I will be required to pay co-payments, amounts applied to deductibles and balance of bills not paid in accordance with the benefits of my current insurance policy. If I am unable to make payments in full for my medical treatment, I agree to call the billing office and make payment arrangements. I hereby authorize payment for all medical insurance benefits which are payable under the term of my insurance policy to be paid directly to River Cities Interventional Pain Specialists or designates for services rendered. I certify that the information I have reported regarding my insurance coverage is correct. I authorize the doctor's office to verify insurance coverage and benefits allowed in accordance with my insurance company's policy. I understand that it is my full responsibility that any third party which I direct River Cities Interventional Pain Specialists to bill, in the event of non-payment for whatever reasons in accordance with the benefits of my current insurance policy, I will pay immediately. While filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. In the event that your account is turned over to an outside collection agency, you will be required to pay your entire balance and any collection agency fees, up to 25% of the balance owed and/or all attorney fees and costs incurred to collect the unpaid debt, before being scheduled for any further appointments.

PATIENT PORTAL GUIDELINES

Our Patient Portal lets established patients communicate more easily with us. The portal is not intended for 'Web Visits' or new problems. Instead, it will make regular communication more flexible. The portal is a voluntary option and is free of charge to all patients. The portal provides you with a much more seamless way to access your health information and contact our office.

Through the portal, you can:

- Update your contact and insurance information
- Check your lab results, medication list, medical history and your visits
- Request your own appointments and prescription refills

- View current and past statements, pay your bill and email billing questions
- Email us securely back and forth

The following will **NOT** be accepted through the Patient Portal:

- Receiving advice on the best course of treatment for your medical problem
All diagnoses will be made by your provider when you are seen in the clinic for an office visit
- Request for narcotics/controlled medications
- Request for refill for medication not currently being prescribed by an RCIPS provider

Reminders for the Patient Portal:

- If you forget your password you may request another one through the patient portal by clicking on the “Forgot Password” link.
- Avoid using a public computer to access the portal.
- The patient portal is provided as a courtesy service for our patients. There is no service fee. However if the patient abuses or misuses the portal we reserve the right to suspend or terminate the patient portal at any time and for any reason.
- You can access the portal day or night, but we do not have a 24 hour presence on our end. Our hours of operation are 8:00 am - 5:00 pm Monday-Friday. We encourage you to use the portal at any time; however messages are held for us until we return the next business day. Messages are typically handled within 2 business days. If your doctor is out of the office, your request may be held until your doctor returns to the office.

How the Secure Patient Portal Works

A secure web portal is a type of webpage that uses encryption to keep unauthorized persons from reading communications, information, or attachments. Secure messages and information can only be read by someone who knows the right password or pass-phrase to log in to the portal site. Because the connection channel between your computer and the website uses secure sockets layer technology you can read or view information on your computer, but it is still encrypted in transmission between the website and your computer.

Protecting Your Private Health Information and Risks

This method of communication and viewing prevents unauthorized parties from being able to access or read messages while they are in transmission. No transmission system is perfect. We will do our best to maintain electronic security. However, keeping messages secure depends on two additional factors:

- 1) The secure message must reach the correct email address, and
- 2) Only the correct individual (or someone authorized by that individual) must be able to have access to the message.

Only you can make sure these two factors are present. **It is imperative that our practice has your correct e-mail address and that you inform us of any changes to your e-mail address.**

You also need to keep track of who has access to your email account so that only you, or someone you authorize, can see the messages you receive from us. You are responsible for protecting yourself from unauthorized individuals learning your password. If you think someone has learned your password, you should promptly go to the website and change it.

Online communications should never be used for life threatening, emergency communications or urgent requests. As a safeguard, the portal should not be used for pressing issues. If you are experiencing an emergency or have an urgent medical need, call 911 or seek immediate medical assistance at the nearest Urgent Care or Emergency Room.

MEDICATION REFILLS & ELECTRONIC PRESCRIBING

State law requires compliance and close monitoring for narcotic medications. If these are prescribed to you, you will be asked to sign an “Opioid Treatment Policy.”

Failure to comply, may result in termination from our practice.

Prescriptions will only be refilled during normal business hours. No prescriptions will be filled during weekends, holidays, or after hours. It is your responsibility to make sure you have a sufficient amount of medications. You must remember:

- The patient is responsible for his/her pain medication.
- There are no early prescription refills.
- Call the office 3 BUSINESS DAYS before your medication runs out. You may not have someone else call for you.
- This facility does not fill narcotic prescriptions on the weekend, holidays, or after hours. If you require a refill outside of your appointment time, we require 3 days' notice to fill a prescription once it has been evaluated by the practitioner. Be aware of holidays and office closings that might interfere with the 3 day notice.
- Due to the availability of your physician, your refill request may take up to three business days to be processed. Please check your prescription levels and make your request prior to running out of medication or the start of a weekend to ensure you have adequate medication supplies to last until your refill is processed. When weekends and/or holidays are involved, this could be a wait of four to five days.
- If your pharmacy runs out of the medication before you can fill it, and need your prescription sent to another pharmacy, we are not able to "call around" to other pharmacies to see who has it in stock. You must do this and then call our office and request to have the prescription cancelled from the pharmacy that cannot fill it and send to the new pharmacy.
- Due to the nature of our practice, our clinic nurses and advanced practice practitioners can generate prescriptions however ALL prescriptions must be reviewed and then signed by Randall Brewer, M.D. before sending electronically to your pharmacy. This is completed daily following the end of afternoon clinic.
- **MEDICATIONS ARE NOT REFILLED ON WEEKENDS, HOLIDAYS, or AFTER HOURS.**

Please be prepared to provide the following information when calling regarding your medication:

- Your Name & Telephone Number
- Pharmacy Name & Telephone Number
- Medication Name & Strength

Preferred Pharmacy & Street Address

CONSENT FOR ELECTRONIC PRESCRIBING

River Cities Interventional Pain Specialists is enrolled in an electronic prescribing program. This program is meant to help our providers with understanding what medications our patients are currently using and to give them the best possible treatment.

By acknowledging this form, you are consenting to allow River Cities Interventional Pain Specialists to retrieve electronic prescribing information from other providers through the PDMP database. Additionally, you acknowledge understanding of the *Medication Refills & Electronic Prescribing* stated above.