

# LAFAYETTE

## INTERNAL MEDICINE CLINIC

### Patient Policy

We thank you for choosing us for your medical needs and look forward to being a part of your medical care for life. In order for our office to run as efficiently as possible, there are some guidelines that are necessary to insure the best interest of our patients. We believe that a clear definition of our patient policies will allow both the patient and the doctor to concentrate on the issue at hand – **REGAINING AND MAINTAINING YOUR HEALTH**. You are asked to please review these policies and abide by them as requested.

#### APPOINTMENTS:

Office hours are available from 8:00 AM – 5:00 PM Monday through Thursday and 8:00 AM – 12:00 PM on Fridays, unless otherwise stated.

In an effort to ensure that new or urgent symptoms that you may develop are addressed in a timely manner, we've established an acute care clinic in our office for established patients. Our experienced nurse practitioner is able to see patients with acute conditions such as upper respiratory infections, urinary tract infections, skin rashes, and many other conditions. An appointment with our NP can usually be made on the same day.

We strive to honor all appointments at the scheduled time. If you are more than 15 minutes late, you may be asked to reschedule or to wait for the next available work-in time (if any are available). Changes or cancellations must be made at least 24 hours in advance as your appointment time is reserved exclusively for you. If you fail to show for 3 or more appointments without 24 hour notice, you may be asked to find another physician.

**A fee of \$50 (fifty dollars) may be charged for failure to keep your appointment with less than 24 hours notice of cancellation. The same fee may apply for No-Shows.**

**\*\*Please be informed that insurance carriers do not cover charges related to missed or late appointments.\*\***

#### EXPECTED STANDARDS OF BEHAVIOR:

Our clinic has a zero-tolerance policy for disruptive behavior towards our providers or our staff. Disruptive behavior, which can also be exhibited by the patient's family members, includes anything that impedes the caregiver's ability to provide safe and effective care. Examples include interference with the physician's treatment plan, verbal threats or derogatory statements, excessive or repetitive noise, physical acts of violence or aggression, use of profanity, sexually inappropriate comments or offensive gestures, possession and use of alcohol or illegal substances while on premises, theft, knowingly providing staff with false or misleading information, etc. Disorderly behavior will result in immediate dismissal from the practice.

#### MEDICATIONS:

Please bring ALL medications that you are taking with you to each appointment. This includes prescription as well as over-the-counter medications such as vitamins and aspirin. An up-to-date list of all medications is sufficient if all necessary information is on the list, such as medication, strength and quantity.

#### REFILLS:

In the event you are in need of a refill, please **contact your pharmacy**. They will then fax your refill request to our office. All refills are completed within 24 hours. **Please do not call our office to see if your prescription has been filled. You should call your pharmacy.** Please note that if your insurance requires prior authorization for any medications, the patient is responsible for calling their insurance company to find out which medications are covered under their plan. This information is necessary before any medications can be filled.

#### SAMPLES:

Samples are given at the discretion of the physician to patients. If you are started on a new medication, the physician may give samples for you to try before filling the prescription. Samples are not given out on an ongoing basis.

#### MAIL ORDER REFILLS:

For Mail Order refills, please leave a message with your physician's nurse that includes all necessary information, including patient's name, date of birth, name of Mail Order Company and ID number, phone number and fax number. You should call

your mail order company after 48 hours of requesting a refill to confirm your order.

### **HOME HEALTH:**

All home health patients must communicate directly with their home health nurse for any medical problems or refills of medications. The home health nurse will in turn, call our office with your requests. This includes any tests that are ordered by your physician. Your home health nurse will call you back.

### **WELLNESS VISIT NOTIFICATION FORM**

Please be aware that being seen for a “Wellness Visit” or “Annual Physical” does not mean that additional problems that are addressed by the provider will be covered by your insurance 100%. If the provider has to address an additional problem or complaint, your insurance will be billed separately and you will be responsible for any co-pay, deductible, co-insurance or bill you may receive related to that problem including but not limited to office visit, lab work, imaging and testing.

### **TEST RESULTS:**

If you call our office for test results which were ordered by your doctor, please leave a message including your name, date of birth, phone number, type of test and facility where it was done. The nurse will return your call after your doctor has reviewed the results. Your call should be returned within 24-48 hours. Keep in mind that the results have to be received from the facility where they were done before they can be reviewed by your doctor. Sometimes there are delays in this process. If you have not received your lab results within 7-10 days, please contact our office to confirm that we have received your results.

Please be aware that we now offer a patient portal which allows your provider to communicate with you (ie: test results) via electronic communication.

### **SCHEDULING OF PROCEDURES/TESTS:**

Once your tests have been scheduled at another facility, all necessary information regarding this appointment will be given to you. If you need to change your appointment day or time, please contact the facility where it was scheduled to make necessary changes.

### **REFERRALS:**

If you are referred to another doctor, you are responsible for keeping the appointment or making appointment changes with that doctor. If you are interested in being referred to a specialist, please contact their office to see if a referral is necessary prior to contacting our office.

### **PHONE CALLS:**

We would appreciate your courtesy when calling our office. Our phones are very busy and our staff is limited. Please be prepared to give all necessary information when calling our office and keep your messages as brief as possible. There are several lines being answered at once time. Please give our staff ample time to return your call before you call again.

### **EMERGENCY APPOINTMENTS/SERVICE:**

In case of *life threatening* emergencies, please contact 911 for immediate attention.

In the event of *non life threatening* emergencies, you can call our office or leave a message on the office voicemail (taken by the answering service) and all calls will be returned as promptly as possible.

### **LETTERS AND FORMS:**

There is a \$25.00 fee for all letters and forms which you would like for our staff to complete. Payment is required at the time you drop off the paperwork. Please allow 10 days for paperwork to be completed. Any requests from attorneys for medical records must include authorization from the patient as well as pre-payment.

Please keep in mind that all patients are seen *by appointment only*. If you show up in our office with questions or wanting to speak with the doctor or nurse and you do not have an appointment, you will be given the next available appointment time which may not necessarily be on the same day.