

Office Policies

In an effort to provide quality care to our patients, we feel it is important to make you aware of our office policies. Knowing this information can help avoid potential problems down the road and facilitate a positive relationship.

Appointments

You must schedule an appointment to be seen. Walk-in appearances disrupt the schedule, so an appointment is always required.

We try very hard to run on schedule so please be prompt for appointments. Please call if you are running late, and we will let you know if we can see you or if it will be necessary to reschedule your appointment. If you are late for your appointment by 15 minutes or more, you may be asked to reschedule or to wait until the next available appointment.

If you are unable to make a scheduled appointment, you need to call and cancel no less than twenty-four hours prior to your appointment time. Missed appointment inconvenience other patients and our staff, while decreasing the efficiency and increasing cost in our practice. Three missed appointments in a 12-month period will result in your dismissal from the practice.

Insurance Coverage and Your Responsibilities

Because there are many insurance companies with multiple plans, it is your responsibility to verify what your insurance plan covers prior to scheduling an appointment. You are expected to pay in full **at the time of service** for any portion of the bill not covered by insurance (example; co-payment, deductible and non-covered services). Payment can be made by check, cash or credit card (Visa® or MasterCard®).

Failure to provide us with insurance information will require us to designate you as a self-pay patient. If you fail to provide the appropriate insurance information within your insurance plan's timely filling limit, you will be responsible for the entire bill.

Due to policies set forth by the insurance companies, we as specialists cannot give referrals to other doctors. It is your responsibility to work with your primary care physician for referrals to other specialists, ER visits, and any outside testing that is ordered.

You should be familiar with the answer to the following questions...

- Does your plan have services that are not covered by insurance?
- Does your insurance require a co-payment for office or emergency room visits? Is there a percentage of each visit you are required to pay?
- Does your insurance require that you get a physician "OK" prior to an emergency visit? If so, you need to call us before you go, except in a life-threatening emergency.
- Does your insurance cover routine appointments and/or immunizations?
Are you required to use any specific pharmacy? If your insurance company has a list of preferred medications (formulary), bring it with you to all appointments.
- If you require lab tests or x-rays, are there certain labs/facilities you are required to use?
- If you require after-hours emergency care, are there certain hospital emergency departments you should use? If there are no restrictions on use of emergency rooms or hospitals, our doctors prefer that you use **Hendricks Regional Health**, if possible.
- Does your insurance company allow you to use immediate care centers? If there are no restrictions on immediate care centers, our doctors prefer that you use **Hendricks Regional Health Immediate Care**, located in our Avon Medical Building, 272-7500 or in Plainfield Medical Building 839-7200.

Please understand we code our services based on the type of appointment scheduled and the problems covered during the visit. Once insurance has been filed, we will **NOT** change diagnosis or procedure codes.

Medicaid Eligibility

If you are a Medicaid recipient, you **must** bring your current card with you **each visit**. If you do not bring your card, we may reschedule your appointment, as we will be unable to verify your eligibility with Medicaid.

Payment

You are expected to pay your bill in a timely manner. Delinquent accounts will be sent to a collection agency, and will result in your dismissal from our practice. We try to be flexible and understand that there are times of financial difficulty. If necessary, we are willing to discuss allowing you to pay with a reasonable payment plan.

While we are sensitive to divorce situations, our policy is to hold the parent seeking treatment for their child responsible for any charges not covered by insurance.

Non-Insured Patients: Our non-insured patients will be given a 15% discount on their services when paid in full at the time of service. This discount will not be valid after a statement has been sent.

Financial Assistance: If you are unable to pay your bill you may contact our patient accounts office at 317-837-5566. They will forward a financial application for you to complete and return with the requested financial information.

Medical Policies / After-Hours Calls

Please allow 48 hours notice for all medication refill request to be called to the pharmacy.

After-hours calls should be limited to emergencies only. Calls for prescription refills, questions about minor illnesses, over-the-counter drug doses, etc., should be made during office hours. We cannot be available at all hours for non-emergency questions. We will help you learn to handle common illnesses yourself with handouts and guidance. If the doctor feels that an after-hours call is inappropriate, the physician may remind you that such a call should be made during office hours. Inappropriate after-hours calls will result in your being charged for the doctor's time.

Practice Dismissals

Occasionally, we may find it necessary to dismiss a family from the practice. Reasons for this include, but are not limited to, the following: recurrent late or missed appointments; noncompliance with recommended medical care; nonpayment of bills; threatening, abusive, or rude behavior toward office staff, doctors, or other patients and families.

Knowing this information in advance will save you frustration, inconvenience and possibly money! We want to help you obtain the best quality and most cost-effective services possible.