

# OASIS FAMILY MEDICINE INC.

## Office Policies

### **Scheduling Appointments**

Please call our office at (818) 957-6909.

### **Office Hours**

Monday – Friday, 8:00am – 12:00pm, 2:00pm – 5:00pm

### **Late or Missed Appointments**

From time to time, unforeseen circumstances may arise which prevent you from arriving on time for your appointment. In fairness to others, our policy is to accommodate patients who are on time for their appointments. Latecomers will be seen at the first available opportunity. If you are more than 10 minutes late, you may be asked to reschedule. This enables us to stay on time.

We know that your schedule is busy and that your time is valuable. We make every effort to respect your time and keep on schedule. ***Please notify us of appointment changes or cancellations at least one full business day in advance of your scheduled appointment or you will be subject to a non-cancellation fee charged in the amount for the appointment itself (ie. \$360 for a 1-hour time block or \$195 for 1/2-hour time block).***

### **Telephone Calls**

During normal business hours, our office staff will answer your call. However, if we are busy with another patient or have stepped out of the office, your call may go to voicemail. Please leave a message with your full name, phone number, and the purpose of your call. We return calls as soon as we are able to, usually the same day.

***If you call outside of normal business hours, please ONLY leave a message for an URGENT medical matter that cannot wait until the next day as ALL messages are forwarded to the doctor's cell phone.*** Please DO NOT leave a message for any other reason than an urgent medical matter outside of normal business hours. If your call is regarding an urgent matter, the doctor will call you back as soon as he or she is able to.

In case of a life-threatening emergency, you should always call 911 or go to the nearest emergency room immediately.

### **Prescription Refills**

Patients should first contact the pharmacy for refills of prescriptions taken on a regular basis. The pharmacy will either fill the prescription or contact our office to request an authorization. If our office has not seen you within the past six months, you may be asked to schedule an appointment in order to obtain a medication refill. Similarly, prescription refills for medications that you do not take regularly typically require an office visit first.

Our policy is to not prescribe new medications over the telephone. For medicolegal reasons, we are required to evaluate you prior to writing a new prescription.

### **Extended Absence**

There are times when the doctor(s) attend(s) medical conferences and takes vacations. In such cases we will notify you in advance via e-mail. Should you experience an urgent matter during the doctor's absence from the office, a qualified covering physician will assist you. Alternatively, you may visit a nearby urgent care facility. For all emergency situations, you should always call 911 or go to the nearest emergency room immediately.

## **Payment and Insurance Coverage**

***Payment is due at time of service in the office***, unless you have Medicare, in which case we will bill Medicare. Insurance information will be updated regularly. If you have PPO insurance coverage and desire our office to bill your insurance as a courtesy so that you may receive reimbursement or credit toward any deductible, please present your insurance card at each appointment. A photo ID (Driver's License) is required at your first visit and a ***photo will be taken of you if you*** have not already uploaded it to your chart via patient portal.

It is your responsibility to know the details of your insurance coverage and to notify us of any changes to your policy.

## **Methods of Payment**

We accept cash, personal checks, flexible spending account cards, debit cards and most major credit cards.

We offer a Credit Card Authorization form to keep on file for patient convenience. This gives us permission to keep your credit card on file and automatically bill your credit card for any balance due on your account, after Medicare has been billed and you are responsible for any co-insurance and/or deductible. When appropriate, this account will also be used to pay for appointments not cancelled within 1 full business day prior to scheduled appointment, returned checks, applicable form-completion fees, supplements purchased in the office, telephone consults or e-visits. The information is securely stored with an insured credit card service. When we charge your credit card, you will receive a receipt by the e-mail provided.

Invoices that are not paid within 60 days will be turned over to internal collections. Invoices not paid within 120 days are subject to patient dismissal, submission to a collections agency and notification to your insurance company.

## **Additional Fees**

- Returned Checks: If your check is returned to us for any reason, you will be charged \$30 in addition to any bank charges incurred.
- ***Missed Appointments: If you fail to notify us at least one full business day in advance that you will not be able to make your appointment, we will charge you for the full amount of the appointment itself (ie. \$360 for a 1-hour time block or \$195 for a 1/2-hour time block). Please be courteous and responsible regarding missed appointments.***
- Completion of Forms: There will be a \$20-\$50 charge in addition to your office visit charge for filling out forms such as Disability Insurance Forms, Travel Forms, Release from Work, Prior Authorizations, and other third party forms more than 3 pages.
- Records: We will provide to you, upon written request, an electronic copy of your medical record free of charge. For a paper copy there will be a \$50 charge to provide the record to you, your insurance company, or another provider to whom we have not referred you for treatment.

## **Confidentiality and Its Limits**

Our discussions are strictly confidential and will not be shared with anyone without your express written permission. There are, however, certain exceptions that you should know about:

- We are required to report suspected cases of child abuse to the police and to the Child Protective Services Division of the Department of Public Social Services.
- We must report spousal abuse and elder abuse to the police.

- We may need to contact public safety officers if we believe that a patient may be in imminent danger of harming themselves or others.
- We are obligated to attempt to warn and protect intended victims if we have reason to believe a patient is likely to inflict bodily harm on someone else.
- We may be ordered by a court of law to testify or to release medical records.

**Confidentiality with Adolescent Minors**

Parents are often understandably curious and concerned about the treatment of their children. It is our position that young people need to develop trust in their doctor and need some degree of security and privacy to do so. We encourage teenagers to share information about their health with their parents or guardians. However, there will be some issues that your child would rather talk about with a doctor, nurse, or counselor. California law allows teenagers to receive some health care services on their own. Health care providers have to keep those services confidential. Permission from an adolescent minor is required before information can be released to their guardians. This includes:

- The prevention or treatment of pregnancy or sexually transmitted diseases (STDs) and other contagious diseases
- The diagnosis and treatment of sexual and physical abuse
- Care and counseling for drug or alcohol problems

**Anti-discrimination policy**

We are a health care provider that does not discriminate against any person on the basis of age, gender, race, color, national origin, disability, religion, or sexual orientation.

**Patient Dismissal**

While we make every effort to work with you, sometimes it is best for all parties involved to part company. If you are dismissed from the practice, you will be allowed a 30-day grace period for urgent treatment in our office. After that time, you will be required to seek the services of another physician at another office. Reasons for dismissal may include: failure to keep appointments, noncompliance, abuse of staff, and non-payment.

SIGNED BY: for each participating patient over the age of 18, a signature is required below

\_\_\_\_\_  
Signature of Patient/Legal Guardian/Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Patient's Date of Birth

\_\_\_\_\_  
Print Name of Legal Guardian

\_\_\_\_\_  
Relationship to Patient

This notice was first published and became effective on September 15, 2011.

This notice was revised on June 4, 2012.  
This notice was revised on November 27, 2012.  
This notice was revised on September 1, 2014.  
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