

Patient Information and Office Policies

Doctors For Kids

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Welcome to Our Practice:

Thank you for choosing Doctors For Kids as your primary care providers. We are committed to providing with quality healthcare. In an effort to familiarize you with the office, below are the office and financial policies. Please read it and sign the last page.

1. **Phones** – Telephones will be answered during business hours, which are generally Monday through Friday 8:00 – 5:00pm. If there are any changes to the business hours there will be an email sent out, so please make sure you provide an email address on the patient information sheet that is provided to you. If you do not have an email address we will also post these changes in the front lobby. The offices is closed during holiday and during emergencies
2. **Off Hours Emergencies** – Our office has full-time coverage, which includes and answering service for after-hours emergency calls. If a problem arises during a time when the office is closed, simply call the office number and the physician on-call will be contacted. Your call will be returned in a timely manner. Please be courteous and note that this service is for emergencies only and the prescription refills are not considered emergencies and will **NOT** be done after hours. If you feel that you are experiencing a life-threatening emergency we ask that you go promptly to an Urgent Care or Emergency Department for immediate evaluation.
3. **Prescriptions** – Refill requests will be handled by this practice within 72 business hours after your request. If it is approved by the physician, the pharmacy will be notified. Please note that certain prescriptions require follow-up visits and tests prior to re-prescribing. You will be notified within the 72 hours and asked to schedule an appointment. Refills will not be called in after hours or on weekends, so please allow time for this and call **BEFORE** you run out of your prescriptions.
4. **Phone Consultations** - There may be a phone consultation charge at a rate of \$25.00 per 10 minute increments after this first 10 minutes of conversation, which will be billed directly to you, **NOT** your insurance company for a phone consultation with the physician, initiated by you, or a returned call to you by the doctor. This charge will be your responsibility.
5. **Referrals** – Referrals to other physicians or diagnostic facilities can take up to ONE week for our office to process. Referrals will not be done after hours or on weekends. You are required to notify us at least one week in advance of an appointment if it requires a referral. Failure to do so may result in your referral being denied by your insurance company and, therefore, making you responsible for any and all charges incurred at the specialist office, or the inability to perform the tests.

6. **Test Results** – you will be notified of any results of laboratory or diagnostic testing initiated through our practice as soon as they are available (usually within two weeks from the test date, some specialty laboratory testing can take up to 4 weeks from the test date). All results must be reviewed by a physician. You will receive a call from our office with the results or a request for follow up visit with the physician, pending upon the results. Office staff cannot interpret any results for patients. If you would like a copy of the results you can get one at the office or they can be faxed to you. The office will not mail out prescriptions or lab results. If you are still waiting for call from our office after two weeks, please call our office to verify results.

7. **Records Release** – It takes our office at least 10 business days to process records requests. We must have a valid record release consent signed by you in order to process this request.

8. **Forms Completions** – Our office charges a minimum of \$5.00 for the completion of forms, and this amount may be more, depending upon how many pages or how complex the forms are to complete. These charges will be your responsibility and will be billed directly to you, not the insurance company. Physical forms will be completed as a courtesy during the visit if the patient provides the form at the time of the visit. If a physical form is processed after the visit it will incur the \$5.00 minimum charge.

9. **Insurance and Payment Policy**

Proof of Insurance: We ask that you present your insurance card to us at every visit. If you fail to provide us with the correct insurance information at each visit, you may be responsible for payment for all services provided.

Primary Care Physician: If your insurance company requires you to pick a Primary Care Physician (PCP), Dr Mavani, must be the PCP listed on your insurance card. If Dr. Mavani is not listed, the insurance may not pay, and you will be responsible for the entire bill.

Participation in Insurance Plans: If you are not insured by a plan we are contracted with, payment in full is expected at the time of service. If you are insured by a plan we are contracted with, but do not have an up-to-date insurance card, or Dr. Mavani is not listed as a provider of your individual plan, payment in full for each visit is required until we can verify your coverage. If you have any doubts, please ask the front desk.

Your responsibility with Your Insurance Company: Your health contract is between you and your insurance company. Knowing your insurance benefits is YOUR responsibility. Any questions or complaints regarding your coverage should be directed to your insurance carrier.

Co-Payments: Your insurance company requires us to collect co-payments at the time of service. Waiver of co-payments may constitute fraud under state and federal law.

Non- Covered Services: Please be aware that some or all of the services you receive may be non-covered or not considered necessary by your insurer. It is your responsibility to know what your plan covers. If your plan does not cover any service rendered, you must pay for these services in full.

Claims Submission: We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly to them. It is your responsibility to comply with their request. If non-payment by the insurance company occurs due to your non-compliance in these issues, the balance on the services will be directly submitted to you.

Account Balances: Statements are sent out on a monthly basis. If payment is not made within the due date of the statement, a late fee of \$25 may be applied each month it goes unpaid. If you are experiencing financial difficulty and cannot pay the balance in full, please contact our office to make a payment plan.

Unpaid Balances: Unless you have already contacted our offices and are on a payment plan with us, any balance over 90 days will be referred to a collection agency and you and your immediate family members may be discharged from this practice.

Missed Appointments: your account will be subject to a no-show charge of \$25 for missed appointments not cancelled within 24 hours. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

NSF and other Bank Fees: Your account will be charged a \$25 fee in addition to all expenses incurred by us for any non-sufficient checks, checks written on closed accounts, or any other fee we incur as a result of a check you write to us. If you're account is not paid as a result of these expenses, your account will be subject to the policies for delinquency and collections.

I have read and understand the office policies and agree to abide by these guidelines:

Signature of Patient or Responsible Party

Date