

Patient Notice of Office Policies

IMP is a smoke/tobacco/vape free environment.

Cell Phones: Cell phone use is limited to the lobby waiting area.

Identification & Insurance Information: Patients will be asked to present insurance card(s) and photo identification at every visit. This not only keeps the practice in compliance with insurance company requirements, but also helps to protect your identity.

Arriving Late: Patients arriving ten (10) or more minutes late for an appointment may be asked to reschedule.

Broken Appointment Fee: With patient consent, IMP is able to send appointment reminders via email, telephone or text. The appointment reminder is sent as a courtesy however, the patient bears all responsibility for knowing their scheduled appointment dates and times. Failure to show up for an appointment, or to provide advance notice of the need to cancel or reschedule an appointment takes time out of the doctor's schedule that could have been devoted to care for another patient in need. For this reason, IMP requires a minimum of 24-hour advance notice to cancel or reschedule an appointment scheduled with a nurse, nurse practitioner, physician assistant, or physician. A \$50 broken appointment fee will be charged if the minimum 24-hour advance notice to cancel or reschedule is not received. IMP reserves the right to terminate the patient-provider relationship if three or more broken appointments should occur. *Our Answering Service is for medical cases only and will not accept a notice of cancellation.*

Workers' Compensation: IMP does NOT provide Workers Compensation claims for services.

Motor Vehicle Accidents (MVA): It is the responsibility of the patient to notify IMP prior to or upon registration that a case is related to a motor vehicle accident. These services are NOT submitted to the patient's health care plan and IMP has no way of billing an auto insurance plan. The patient is responsible for payment in full at the time of service; the office will provide a copy of the receipt and documentation of the visit for the patient to submit a claim with the auto insurance company.

Medical Information: Patients will notify the IMP staff during their visit if they would like a copy of the visit notes or test results. Patients of IMP also have the option of creating a portal account for up to date access to their medical records.

Prescription Refills: All refill requests are to be phoned in to the patient's pharmacy. The pharmacy will electronically request approval from the patient's primary care provider at IMP. Refill requests will be processed within 2 business days; however, every effort will be made to complete a refill request within the same day. * No refills will be processed for a patient not seen within 12 months of the refill request.

* By law, certain medications require a hand-written prescription in which case the IMP office staff will call the patient when the hand-written prescription is ready to be picked up in the office. A photo ID will be required to pick-up the hand-written prescription.

Laboratory Services: It is the responsibility of the patient to know which laboratories are in-network with their health care plan. Out-of-network billing will result in higher costs that will become the patient's responsibility to pay. Patients should contact their insurance company to obtain this information. ** IMP shares office space with Premier Labs as a convenience only. Premier Laboratories is a separate company. Charges related to billing for lab services can only be addressed by the laboratory the patient chooses to use.

Forms of Payment: IMP accepts cash, checks, debit cards and the following credit cards: American Express, Discover, Mastercard and Visa. * Post-dated checks are NOT accepted.

Copayments (Copay): Copays are collected in entirety at registration per insurance company contract. Copays that are not paid at the time of service may incur an additional \$10.00 statement fee which is not covered by the insurance plan. This fee covers the expense of collecting the copayment at a later date. Patients are responsible for knowing the current copayment amount and having it with them at the time of the appointment.



Patient Notice of Office Policies

Phone Management Fee: IMP maintains the right to charge a \$20.00 fee for managing and treating minor issues over the telephone. The phone management fee is not billed to the healthcare plan; it is the full responsibility of the patient.

Form Completion Fee: A \$15.00 fee will be charged for completion of forms and is payable when the form is brought in to the office.

NSF Fee: A \$40.00 fee will be applied to the account of patient who have a check returned for any reason including insufficient funds.

Delinquent Accounts: Our billing department routinely reviews accounts past due for personal responsibility. Once an account appears delinquent, you will receive a notice of your past due balance. Payment in full is expected upon receipt of such a letter unless other arrangements are made with our office. Payment plans can be arranged in the case of large balances. Should an account remain delinquent, the account will be turned over to a collections agency at which time, interest will accrue on the balance due. If an account is sent to collections, the practice maintains the right to terminate the patient from the practice and all future appointments will be cancelled. IMP understands that at times temporary financial problems may affect the timely payment of your account. For this reason, you are encouraged to contact our Practice Manager to explain your situation. IMP will do everything possible to keep our relationship in good standing.

Refunds: No patient refunds will be issued if less than \$10.00 unless requested by the patient.

Financial Policy: I understand my insurance policy is a contract between my insurance company and myself and that I am ultimately responsible for the entire bill. I understand that any fees are based on treatment received and have no bearing on outcome. I hereby authorize payment directly to Internal Medicine Physicians for professional services rendered, otherwise payable to me as determined by my insurance company, but not to exceed the fee as finally determined by the provider. I understand I am financially responsible for any professional charges not paid by my insurance company to Internal Medicine Physicians.

Notice of Privacy Practices for Protected Health Information/Acknowledgement of Receipt of Notices of Privacy Practices:

A copy of the Internal Medicine Physicians’ Notice of Privacy Practices has been offered to me. I understand that my protected health information may be used by Internal Medicine Physicians as described in the notice.

Patient Responsibility: I agree that I am responsible for my actions if I refuse treatment or do not follow the health care provider’s instructions. I agree that I am responsible for providing needed information for insurance billing.

It is illegal to carry a firearm, deadly weapon, or dangerous ordnance anywhere on these premises. Unless otherwise authorized by law, no person shall knowingly possess, have under the person’s control, convey, or attempt to convey a deadly weapon, or dangerous ordnance onto these premises. Posted Pursuant to the Ohio Revised Code.

Patient Printed Name: _____ Date Completed: _____

I understand and agree to the policies of IMP _____
(Signature of Patient)

*IMP office staff will scan both pages of this signed document to be placed in my electronic medical record.
The original will be returned to me for future reference of office policies.*