

San Diego Sleep and Sinus Clinic Office Policies

Thank you for choosing the San Diego Sleep and Sinus Clinic. We are committed to the highest quality patient care and would appreciate your understanding of our office policies and procedures, which set forth the terms and conditions upon which our services are rendered. Please initial and sign where indicated to acknowledge your agreement to our policies.

Billing/Insurance:

It is the policy of our office to collect payment at the time of your visit for services rendered. This includes all co-pays, co-insurances deductibles and/or non covered services amounts. If we are contracted with your insurance company, we will submit a claim for services on your behalf. However, being a contracted provider with your insurance company is not a guarantee that your insurance will pay. **You are ultimately responsible for all charges incurred in your care regardless of any insurance coverage you may have.**

If we do not participate in your insurance plan; if the services received are not covered under your insurance plan, or you do not have your in-network insurance information with you at your visit, you will be required to pay our usual and customary fees at the time of service. In these instances, your insurance will not be billed by our office.

Initial _____

Forms of Payment:

We currently accept cash, checks, Visa or MasterCard.

Please be advised that there will be a \$25 service charge in addition to any bank fees for returned checks.

Initial _____

HIPPA Privacy Act:

Our office is compliant with the Healthcare Portability Act (HIPPA) to maintain the privacy of patient information and has established our notice of privacy practices which is available at the front desk. All personal health information whether written, oral or electronic form is protected by HIPPA. **Please be aware that our notice of privacy practices requires a patient's written authorization for our office to discuss information with anyone other than themselves even if the other individual(s) was(were) present at the time of your visit.**

Initial _____

Appointments:

All appointments are pre-arranged and it is your responsibility to keep an appointment or to cancel it with a minimum of 24 hours notice. Failure to cancel with a minimum of a 24 hour notice or failure to show for an appointment will result in a \$25 charge to your account.

Initial _____

Records:

Records will be kept for 10 years as per legal requirements. Copies of records can be transferred to you or other physicians upon receipt of written notification and a signed release form for a fee of \$25 with exception of a true medical emergency, records may take 7-10 days for release.

Initial _____

Forms:

Forms requiring information from the doctor (disability, etc.) may take up to 14 days for completion. A charge of \$10 **per page** will apply to form completion, in addition to any chart copy fees. All fees are required in advance of form completion.

Initial _____

Medications:

Medication refills will be considered during office hours only. This policy conforms to California pharmacy statutes and helps prevent fraud or illegal activities regarding medications. You should contact our office a minimum of 10 days prior to running out of your prescription. Refills for maintenance medications cannot be provided to any patient who has not been in the office in over 12 months or who has not been seen for their last recommended follow up appointment. **We will only respond to refills initiated by you directly, not by your pharmacy.**

If your insurance company requires prior authorization for any medication the doctor has prescribed, a \$15 administrative fee will be required in advance of completing this paperwork. Please be aware that completion of prior authorization paperwork is no guarantee your insurance company will ultimately approve the prescribed medication.

San Diego Sleep and Sinus Clinic has moved to an electronic medical records system which will be utilizing electronic prescription submittal and retrieval of medication history through the SureScripts network. Electronic prescribing will allow us to transmit prescriptions directly to your pharmacy, resulting in decreased waiting time at the pharmacy and quicker refill turnaround. Electronic retrieval of medications previously prescribed will allow us to avoid drug interactions and prescription duplications.

Initial _____ Your Pharmacy: _____ Location: _____

Acknowledgement:

I understand and agree to the above office policies. My signature below indicates advance notice has been given to me as a beneficiary of Medicare and other insurance carriers of the aforementioned, non-covered charges. I authorize my insurance company to pay all benefits for services directly to Aliya S. Ferouz, M.D. Medical Corporation (DBA, San Diego Sleep and Sinus Clinic). I have had an opportunity to read this medical practice's Notice of Privacy Practices and understand how my health information can be used.

Signature of Patient/Responsible Party

Printed Name

Date

Signature of Patient/Responsible Party

Printed Name

Updated On

Signature of Patient/Responsible Party

Printed Name

Updated On