

Office Policy

Welcome to the office of Drs. Tiffany Gorman and Christian Fulmer. Please read and sign our office policy. This includes a waiver that we need in order to bill your insurance company. If you have any questions, please inquire at the front desk.

_____ **Contracted insurance companies:** We will be happy to bill to them, provided that you have submitted complete and current insurance information to us. Insurance companies now mandate a 90-day billing period. Therefore, we will not bill nor re-bill any insurance claims after 90 days should your insurance information be incorrect. All balances on your account will be due and payable immediately by you. If for any reason your insurance company does not pay for your visit, it is your responsibility to pay for the office visit.
initial

_____ **Copayments are due at the time of visit!** Your insurance contract states explicitly that a co-pay is due at the time of services rendered. Your appointment (for non-emergencies) may be rescheduled if you do not have your co-pay.
initial

_____ **Patient balances:** All patient balances are due and payable at the time of your office visit. If you do not pay your balance in a timely manner then you will be subjected to finance charges and sent to a collection agency. If you are sent to a collection agency then you will be discharged from our practice. As a reminder, all bounced checks will be charged a \$25 fee.
initial

_____ **Cancellation policy:** We have a 24 hour cancellation policy. If you give less than 24 hours notice or do not show for your scheduled appointment, you will be assessed a \$40 fee.
initial

Prescriptions: We do not prescribe medications over the telephone or in response to emails. It is in your best interest to be examined to assure that the proper medications (if necessary) are administered. Patients are responsible for taking new prescriptions to their pharmacy. We will not use mail, fax nor telephone to transmit original prescriptions. If your prescription needs to be refilled, please make the request directly to your pharmacy. They will fax the request to us and this will ensure that all pertinent information is included. Please allow a minimum of 48 hours for prescription refills. Our office is closed on weekends and most holidays, the on call physicians will NOT do medication refills. If you want to have a prescription refilled via mail order, we must have a written request and a self-addressed envelope.

Physical Exams: Physicals are considered routine maintenance and are not a covered benefit by the majority of insurance companies. It is always a good idea to know in advance what benefits your insurance provides. We offer two types of routine maintenance exams. The "well man/well woman" exam is intended to screen for potential problems, not to follow up on pre-existing ones. This exam is for healthy individuals who need age specific screening performed, i.e. routine blood work, pap smears, breast exam, prostate exams, etc. The "annual physical" is tailored for those individuals who have chronic/ongoing medical issues and also need their routine screening exam. Since these visits require a longer visit, we are only able to accommodate several a day and can often have a several month waiting period so please consider scheduling in advance.

My insurance covers routine maintenance physicals and immunizations:

- Yes
- No
- Not Sure, but I accept financial responsibility if not covered

Lab work, pap smears and biopsies: These services will be billed directly to you by the lab. There is a separate fee from the pathologist for reading and interpreting your results. Please submit current and complete insurance information to ensure proper billing. If you are having lab work done following an office visit, please take the requisite forms with you to the lab so they may use the appropriate diagnosis codes for billing purposes.

Medical records: Should you need to transfer your medical records you will be charged a \$30 fee. Since we use electronic medical records this information will be supplied to you or the requesting physician on a disc.

Email: Is not to be used for emergencies or urgent matters, every attempt will be made to respond within 48-72 hours. This is not a substitute for an office visit nor is it a means to obtain comprehensive medical advice.

My signature below indicates that I have read and understand the policies of this office and agree to comply with them.

I authorize Drs. Tiffany Gorman and Christian Fulmer to release to my insurance carrier and their agents any information needed to determine the benefits payable under their coverage. I further authorize my insurance company to disclose to the doctors any information requested regarding claims for medical benefits. A copy of this authorization may be used in place of the original. I request that payment of authorized medical benefits be made on my behalf to Dr. Tiffany Gorman and Dr. Christian Fulmer for services rendered.

_____ Name

_____ Signature

_____ Date