

## Patient Notice of Office Policies

**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, pursuant to Ohio Revised Code.

**IMP is a smoke/tobacco/vape free environment.**

**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 healthcare identity.

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

**Broken Appointments:** IMP is able to send appointment reminders via email, phone or text. Inform the office staff which method of communication you prefer. Appointment reminders are a courtesy; the patient bears all responsibility for knowing their scheduled appointment dates and times. When a patient fails to show up or provide advance notice of the need to cancel or reschedule, they are taking away time another patient may have needed. For this reason, IMP requires a minimum of 24 hours advance notice to cancel or move any scheduled appointment. A \$60 broken appointment fee will be charged if the minimum 24-hour advance notice is not received. IMP reserves the right to terminate the patient-provider relationship if three or more broken appointments occur. *Please note, our answering service is staffed by RNs for management of medical issues; they do not handle appointments or cancellations.*

**Workers' Compensation:** We are NOT certified by Workers Compensation and cannot provide services for any work-related injuries.

**Motor Vehicle Accidents (MVA):** It is the patient's responsibility to notify IMP prior to or upon arrival when any service may be related to a motor vehicle accident. Services related to an MVA are covered by auto insurance rather than health insurance and IMP is unable to bill an auto insurance company. We will collect payment in full at the time of the visit and will provide all documentation necessary for the patient to submit a claim to the auto insurance company.

**Medical Information:** Patients may request IMP staff provide copies of visit notes or results of tests ordered by their provider. Patients also have the option of creating a portal account for access to their own medical records at any time.

**Prescription Refills:** It is most efficient to request refills through the pharmacy. The pharmacy will electronically request approval from the patient's primary care provider at IMP. Every effort is made to complete a refill request within the same day. Controlled medications cannot be refilled prior to the due date.

\* No refills will be processed for a patient not seen within 12 months of the refill request.

**Laboratory Services:** It is the responsibility of the patient to know which laboratories are in-network with their health care plan. Using an out-of-network laboratory will result in higher out of pocket costs for the patient. Patients should contact their insurance company to obtain this information. IMP is not responsible for laboratory billing.

**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):** Copayments are collected at the time of service 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 their copayment amount and having it with them at the time of the appointment.

**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 and is therefore the full responsibility of the patient. The phone management fee is separate from and does not apply to scheduled telehealth visits.

**Form Completion Fee:** A \$20.00 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 patients who have a check returned for any reason including insufficient funds.

**Delinquent Accounts:** Our billing department routinely reviews accounts with past due balances that are the patient's responsibility. Once an account becomes delinquent, a letter notifying the patient will be sent. Payment in full is expected upon receipt of such a letter unless other arrangements are made with our office. Payment plans can be arranged if payment in full is not possible. If the account remains delinquent, it will be turned over to a collection agency at which time, interest will accrue on the balance due. If an account is sent to collections, all scheduled appointments will be cancelled. The practice maintains the right to terminate the patient from the practice. IMP understands that at times temporary financial problems may affect the timely payment of your account. For this reason, we encourage the patient contact our Practice Manager. IMP will do everything possible to keep our relationship in good standing.

**Refunds:** A credit balance of less than \$10.00 will remain on the patient's account and applied to future visits unless a refund is requested by the patient.

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**Notice of Office Policies:** I acknowledge receipt and agree to the Office Policies of Internal Medicine Physicians.

**Notice of Privacy Practices for Protected Health Information:** 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.

**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.

*This is your copy of our Office Policies.*

*You will be asked to sign an acknowledgement of receipt when you arrive for your appointment.*