



## Practice Policies

**Appointments-** Please schedule your appointments in advance to ensure availability with your preferred provider. We try to accommodate telemedicine visits whenever possible. If you need extra time for multiple concerns or need to reschedule, please call at least 24 hours in advance to avoid a missed appointment fee.

**Emergencies-** Our practice has a provider on-call for patient emergencies that may occur after hours. Please note prescription refills and referrals will be addressed during normal business hours only.

**Late Arrival Policy -** If you arrive more than 15 minutes late, you may be asked to reschedule your appointment or be seen by a different provider.

**Canceling an Appointment -** Please call at least 24 hours prior to your scheduled appointment time to cancel. Metro Family Physicians Medical Group is committed to providing all our patients with exceptional care. When a patient cancels without giving enough notice, they prevent another patient from being seen. If prior notification is not given, you may be charged \$50.00 for the missed appointment.

**Co-payments and deductibles are due at the time of visit -** We are legally obligated to collect co-payments from patients for insurance plans that require them. If your insurance plan has an annual deductible, please be prepared to make appropriate payment. Patients with no health insurance are asked for payment in full at the time of the visit unless other arrangements have been agreed upon. For your convenience, we accept Visa, MC, checks, and cash.

**Telephone calls -** We strive to answer all incoming calls and keep missed calls to a minimum. If you reach voicemail, please leave a message and we will return your call promptly. Urgent calls will be returned within 30 minutes. Non-urgent calls received before noon will be returned by 2:00 p.m., and those received after noon will be returned by 5:00 p.m.

**Insurance –** Copies of your current insurance cards and identification are required annually and with any changes. These can be provided at the time of visit or uploaded through the SharpApp patient portal. We encourage patients to become familiar with their health insurance policy's coverage and benefits. We are unable to answer questions about your individual policy and recommend you contact your insurance plan for the most accurate information.

**Prescriptions and Refills -** Please call your pharmacy to request a refill of your medication. Office visits may be necessary more often to ensure the proper management of chronic diseases.

**Test Results -** For normal test results, one of Metro Families' medical assistants will call you within 2 weeks of our notification of your results. Most abnormal test results will require office visit to ensure thorough communication between you and your provider and that all your questions are answered. You can also view your results on the Sharp App.



**Forms/Letters/Medical Records** -There is a fee of \$15–\$35 for completion of disability forms, FMLA forms, attending physician statements, and other supplemental insurance forms. Please allow up to 10-14 days for processing, and plan ahead whenever possible. Non-standard or multiple-page forms may require a higher fee.

**Translation Service** - If you require a translator, please let us know in advance of your appointment and we will arrange for an interpreter.

**Preventive Care Services**- Many preventive services are covered as part of insurance benefits. However, please be aware that if your visit goes beyond the traditional physical, a copay, deductible, or office visit fee may be charged.

**Deductible Payments**- You may be required by your insurance to meet a deductible before services are covered, payment must be made at the time of service. For all deductibles greater than \$100, a minimum of \$100 payment at the time of service will be required. Please note you will be billed for any remaining balance.

**Claims Submission**- Claims will be submitted to the insurance provider following your visit based on the information provided for that visit. All non-covered services are the responsibility of the patient or account guarantor. Any questions or concerns with claims submitted to the insurance, please contact our billing department. Any questions or concerns about the amount covered or denied by the insurance should be directed to the insurance provider. Any unpaid or past due amounts are subject to collections. If at any time you should experience financial hardship, please contact our billing department.

**Cash Pay Patients**- Cash Pay can be accepted in the absence insurance coverage, payment will be collected at the time of service. Additional costs may be incurred for laboratory tests, imaging studies, medications, special procedure(s) or additional services ordered by the provider as deemed necessary during the visit.

**Laboratory Bills**- Any laboratory procedures that are ordered will be billed to you directly by the performing laboratory. Any questions regarding laboratory bills should be directed to the performing laboratory.

***I acknowledge that I have read, received, and understand the above statements. I agree to comply with the financial policies of the office and accept full financial responsibility for my account.***

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|-------------------------------------|-------------------------|------|
| Patient or Representative Signature | Date                    | Time |
| Patient or Representative Name      | Relationship to Patient |      |