

PRACTICE POLICIES

Telephone Policies

Patients with a true medical emergency should NOT call the office; rather they should call emergency services (i.e. 911).

Routine telephone calls will be entertained during normal business hours. At other times, telephone calls go directly to voicemail and are forwarded to the physician on call. When leaving a message, please include your full name, two (2) telephone numbers where you may be reached, and a brief description of your problem or request. Calls will be returned as follows:

- Prescription requests- please see below.
- Requests for lab and other test results, and other non urgent requests for return calls, will be addressed when the practice schedule permits.
- Urgent calls will be returned the same business day.

Please note that you may also contact the office through the patient portal, and that generally, requests can be more quickly addressed through the portal.

Prescription Requests

Mid Atlantic Diabetes and Endocrinology Associates, LLC issues non-emergency prescriptions during weekday office hours only. As many patients are unaware that they have refills available at their pharmacy, we suggest you call your pharmacy before you call our office, and call your pharmacy before going there to make sure your prescription is ready. Prescription requests received before noon will be addressed the same business day. Requests received after 12 noon or when the office is close will be addressed the next business day. Please plan accordingly.

To submit a request, you will need to tell us the name, dose, quantity, and the route (oral or by injection, for example) of the medication; when you take it; and how many refills you usually receive. Also, if you are taking an injectible medication such as **insulin**, tell us if you need a vial and syringes or if you need pens or needles. If you need **testing supplies**, that is test strips and lancets, please tell us what meter you are using.

If our office is to send the prescription to your pharmacy, you will need to tell us the name and telephone number of your pharmacy. If you prefer, you can pick up your prescription at the office.

We will not refill prescriptions originally ordered by your other physician unless it related directly to your endocrine disorder.

We DO NOT prescribe narcotics, sedatives, sleeping pills, or other controlled substances.

As many medications need to be monitored for dose- adjustments based on laboratory test and clinical findings, if you have not been seen in the office for over a year, we will not renew your prescriptions. Likewise, patients who "no-show" or cancel their appointments three (3) consecutive times will not have their prescriptions refilled.

Cancellations and “no-shows”

As a courtesy to other patients who are awaiting open appointment slots, we require 24 hours notice of cancellation. Patients who fail to cancel their appointments 24 hours in advance will be billed \$25.

Patients who have 2 prior late cancellations or “no shows” will be billed the equivalent of a full office visit for the third offense. In accordance with our financial policies, patients will not be rescheduled if they have an unpaid balance.

Late arrivals

It is our aim to see all patients on time. By arriving on time, you allow us to see you for the entire duration of your allotted time, and ensure that the patients scheduled after you are likewise given that opportunity.

If you arrive late by 10 minutes or more to your appointment, you may need to be rescheduled. Depending on the day's schedule and the degree to which you are late, you may also be given the option of waiting to be seen.

Our Financial Policy

You will be asked to provide your insurance card(s) at every visit. This is to ensure that the information we have is correct, and that your plan is current and one in which we participate. Out of date cards with incorrect information or the wrong insurance cards can cause unnecessary delays in the payment of your claim.

All office co-pays are to be paid at the time of service.

We accept cash, checks or credit cards (Visa, Mastercard and Discover). Checks drawn on accounts with insufficient funds will result in a \$25 fee.

We will submit insurance claims for our patients. However, the agreement of the insurance carrier to pay for medical care is a contract between you and the carrier. You should direct any questions and/or complaints regarding coverage to your insurance carrier, your employer (if in a group plan), or to your agent.

Insurances vary in their coverage, and it is the **patient's responsibility** to understand his/her medical benefits. There may be limitations and exclusions to coverage.

If your policy requires a **referral**, please make sure that you obtain one from your primary care physician prior to your appointment. If you arrive without a referral, you may choose to be seen, but be aware that your insurance company may refuse to pay for the visit.

Bills will be issued after the insurance carrier pays its portion of the bill. Balances are due within 30 days of when the bill is issued.

Patients with an outstanding balance will not be rescheduled until they have settled their account.

We do accept patients who do not have insurance and those with plans in which we do not participate, however these patients are responsible for the full fee for the service they receive.

We welcome the opportunity to discuss any aspect of our financial policy.

SUMMARY OF NOTICE OF PRIVACY PRACTICES

This summary is provided to assist you in understanding
the attached Notice of Privacy Practices

The attached Notice of Privacy Practices contains a detailed description of how our office will protect your health information, your rights as a patient and our common practices in dealing with patient health information. Please refer to that Notice for further information.

Uses and Disclosures of Health Information. We will use and disclose your health information in order to treat you or to assist other health care providers in treating you. We will also use and disclose your health information in order to obtain payment for our services or to allow insurance companies to process insurance claims for services rendered to you by us or other health care providers. Finally, we may disclose your health information for certain limited operational activities such as quality assessment, licensing, accreditation and training of students.

Uses and Disclosures Based on Your Authorization. Except as stated in more detail in the Notice of Privacy Practices, we will not use or disclose your health information without your written authorization.

Uses and Disclosures Not Requiring Your Authorization. In the following circumstances, we may disclose your health information without your written authorization:

- To family members or close friends who are involved in your health care;
- For certain limited research purposes;
- For purposes of public health and safety;
- To Government agencies for purposes of their audits, investigations and other oversight activities;

- To government authorities to prevent child abuse or domestic violence;
- To the FDA to report product defects or incidents;
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders;
- When required by court orders, search warrants, subpoenas and as otherwise required by the law.

Patient Rights. As our patient, you have the following rights:

- To have access to and/or a copy of your health information;
- To receive an accounting of certain disclosures we have made of your health information;
- To request restrictions as to how your health information is used or disclosed;
- To request that we communicate with you in confidence;
- To request that we amend your health information;
- To receive notice of our privacy practices.

If you have a question, concern or complaint regarding our privacy practices, please refer to the attached Notice of Privacy Practices for the person or persons whom you may contact.