

Thank you for choosing Integrative Rheumatology for your specialty care! We consider it our privilege and honor to be able to serve you in this way and want you to have an excellent experience. As we work with you to provide the care you need, please review the policies that we have put in place to ensure you have a quality experience.

### COVID-19 Safety

In light of the current risks of SARS-CORONAVIRUS-2 that cause COVID-19 disease, our office has implemented several processes and policies that are intended to keep patients and staff safe.

#### Safety features:

- Sneeze guards at front desk
- Enhanced sanitization of surfaces
- Increased spacing between lobby and infusion chairs

#### Safety policies:

- Staff and patients are required to wear face masks at all times while in the office.
- Patients are asked to reschedule or change to virtual visit if they have COVID risk factors.
- Only one (1) guest is allowed in the visit with a patient during the visit.

### Your Appointments

New patients should arrive 15-20 minutes before their scheduled appointments to complete necessary registration. Alternatively, patients can access our patient portal via our website, [www.InRheum.org](http://www.InRheum.org), and register in advance for their appointment. All new patients should bring in their medications or a full medication list with them. Please be sure to include dosage and the frequency that these meds are being taken. New patients will also be required to provide our office with a copy of their driver's license and insurance card to be copied annually or anytime their policy changes.

Existing patients should arrive 10-15 minutes before return appointments. Patients should pre-register via the patient portal before coming to their appointment. They should always bring their insurance card and medication list. Cards will be scanned into their chart annually.

### Late/No Show Policy

Patients should notify the office as soon as possible if they must cancel or reschedule a visit. Appointments cancelled with less than **48 hours** advance notice will be considered a NO-SHOW. Patients will be reminded in writing of our policy for the first No-Show but will be charged \$50 for any subsequent missed appointments. If patients arrive more than **10 minutes** after their scheduled appointment time, this is also considered a "NO-SHOW" and the visit cancelled and, if applicable, charged a no-show fee. If there are appointment spots available that day, we can offer those times but otherwise will have to reschedule for another day.

Patients who have to cancel more than two (2) virtual visits due to poor connectivity will be unable to schedule these virtual visits and must have all future appointments scheduled in the office.

Anyone who wishes to provide documentation to support an urgent or emergent reason for missing a visit can email an explanation and supporting documentation to [contact@inrheum.org](mailto:contact@inrheum.org) for consideration by our Practice Manager. After review, the manager will determine whether the no-show fee can be reversed.

## Visit Etiquette

In order to ensure that patients concerns are appropriately evaluated and managed, patients are encouraged to consolidate their concerns to two (2) problems per visit. The medical assistants will attempt to clarify the chief complaint during the intake and relay those areas of emphasis to the provider. This will allow providers to effectively and safely manage concerns while keeping appointment wait times to a minimum.

New patients will be asked to wear a gown for their first visit so that we can ensure you have a complete exam. We are committed to the highest standards of respect and modesty during this encounter but if you desire an additional staff member in the room for your comfort, we are happy to provide that for you.

## Insurance Billing

Our office will submit claims to insurance companies as a courtesy to our patients. However, if the patient's insurance is not active or does not cover the cost of the visit and assigns any balance to the patient, this will become the responsibility of the patient. Patients are expected to:

- Understand the requirements of their insurance plan, including need for referrals or procedure pre-authorizations, deductible, copays, and co-insurance responsibilities. Patients must be aware of telehealth rules for their insurance plan as these are subject to change.
- Provide a copy of their insurance card at every visit and notify us of any changes in their coverage.
- Pay copays/coinsurance/deductibles at the time of service. Copays not paid by the end of the business day will incur a \$30 late charge.
- Pay the set self-pay price for visits on check-in and additional costs for procedures on check-out if they are not filing insurance.
- Pay for any charges not covered by insurance within 30 days of receiving a statement from our office. This includes payments for out of network insurance plans that are paid directly to the patient and not to our office.

## Referrals and pre-authorizations

Some insurance plans (HMO, POS, Medicaid, etc) require that a referral or pre-authorization is obtained from a patient's PCP before visiting a specialist. If an insurance company requires a referral and/or pre-authorization, our office will attempt to obtain that as a courtesy, but it is ultimately the patient's responsibility to ensure this pre-approval is received. If the insurance company does not pay the full allowed amount of the visit because of an authorization, the balance will be the patient's responsibility.

## Payment for Services

We are happy to file claims to your insurance carrier on your behalf but often, there are also patient financial obligations that must be paid directly to the office. While each patient's plan is different, we have estimated an amount that will be used to cover the expected patient portion of the office visit cost and will be **due upon check in**. Please come to your appointments prepared to pay the amounts shown below. If you are unable to make the payment, please call to discuss with our Billing Coordinator.

- **Copays:** *fixed costs required for each visit*
- **Coinsurance:** *fixed percentage to be paid by patient*
- **Deductible:** *amount patients must pay for medical services before insurance pays any costs*
- **Out of Pocket Maximum:** *maximum amount patient pays for medical services – once met, insurance pays for full cost of approved medical services.*

## Patient Charges for Provider Visits

*(due at time of Check-In)*

	DEDUCTIBLE not met		OUT OF POCKET MAX not met	
	NEW	ESTABLISHED	NEW	ESTABLISHED
<b>Copay</b>	<i>Per plan**</i>			
<b>Co-insurance</b>	\$150	\$100	\$40	\$25
<b>Self-pay</b>	\$200	\$140		

***These are ESTIMATED costs of an office visit with a provider.***

***Remaining balance for services will be billed to you after insurance processing.***

**\*\*Copays are REQUIRED at check-in.** *If you are unable to pay your copay, we CAN NOT proceed with that scheduled visit. As a limited courtesy, patients may call in to make a payment but must so do by the end of the day to avoid an automatic \$30 late charge.*

### Account Balances

**STATEMENTS:** Statements reflecting the patient’s current balance with our office are generated once a month. These balances will reflect claims that have been processed by the insurance company and reflect the patient’s copay, co-insurance, or deductible. Payments should be made to our office within thirty (30) days. To make a payment, patients may mail in a check, pay with credit card over the phone, pay via the portal, or pay in the office.

**PAYMENT PLANS:** Patients with balances greater than \$100 can set up a payment plan. Payment plans require a minimum payment of \$25 a month and cannot exceed a nine (9) month period. Our billing specialists will assist patients with setting up their payment plans. Payments are automatically drafted according to the set payment schedule until the balance is satisfied or the patient contacts our office to cancel this plan. If a patient defaults on their payment plan, the patient will be notified and then the account marked as “Delinquent”. Special accommodations for payment plans can be discussed on case-by-case basis with the Billing Coordinator.

**DELINQUENT ACCOUNTS:** If a patient has a balance older than sixty (60) days or defaults on a payment plan for greater than 30 days, that patient will be considered to have a delinquent account. Before patients with delinquent accounts will be allowed to return for care, they must pay their entire balance in full. Accounts that have not been paid within sixty (60) days will be sent to collections and will be considered delinquent. Future visits cannot be scheduled until the balance is settled with the Collections Agency. Patients must contact them directly to resolve debts.

While we will always do our best to accommodate patients for emergency care, routine care will only be given to patients whose accounts are current or who have made financial arrangements with our office and are fulfilling the conditions thereof.

## Credits/Refunds

If a patient's account reflects a credit of \$5.00 or less, this credit will remain on the account until the next appointment or until the patient transfers from our practice. If a patient's account reflects a credit balance of greater than \$5.00, our office will maintain the credit until the Billing Staff processes the credit or a request is made by the patient to receive a refund. Refunds are processed only after all outstanding insurance claims have been completed by the insurance company. Patients should allow sufficient time for refund processing.

## Return Checks

A \$20 fee will be assessed for any returned checks. The fee plus the original check amount must be paid in full with cash, credit card or money order before the next appointment. If two (2) or more checks are returned for a patient, we will no longer accept checks as a method of payment.

## Medical Records

Medical records can be released to a patient's PCP or Referring Provider on file without signed consent. Request for records to be sent to any other provider will require a completed Medical Records Request form and will be faxed to that provider within two (2) weeks. Printed copies of medical records can be obtained by the patient at a cost of \$0.60 per page. Printed records can be picked up or mailed to the patient's address on file for an additional shipping charge.

## Communication

If you need to contact our office, here are the ways you can reach us.

- ❖ **TEXT REMINDERS:** We are able to send you important reminders before your appointment. If you're not getting them, be sure to contact our office so we can confirm your cell number.
- ❖ **PHONE:** Feel free to call us at 704.774.3044 for assistance. Follow the menu prompts to get to the right department for help. For clinical concerns, we do ask you to leave a message on our Triage line (Option 2) which is checked throughout the day. This allows us to review your concerns and gather information before we call you back.
- ❖ **MYCHART PORTAL:** We have a convenient method for you to check in to upcoming appointments, check your account balance, lab results, and send messages and even images to our team. Our staff will send you the first email to allow you to set up your account. As a community partner of Novant Health System, you will be able to access your patient portal through the Novant MyChart login via a computer or smart phone. Contact our office if you need assistance setting up your account.
- ❖ **FAX:** If offices want to send information to us on your behalf, we encourage them to fax us at 704.774.3045.