

Quality Family Physicians

Patient Rights and Responsibilities

Office Policies

1. The patient will not be denied appropriate care on the basis of race, religion, color, national origin, sex, age, disability, marital status, or sexual preference.
2. The patient is entitled to receive adequate and appropriate medical care.
3. The patient has the responsibility to provide, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations. The patient has the responsibility to report unexpected changes to their condition to their doctor. The patient is responsible for reporting whether they clearly comprehend a contemplated course of action and what is expected of them.
4. The patient has the right to make informed decisions and to receive information about his or her medical condition, proposed course of treatment, prospects for recovery, and available choices for treatment. These are to be presented in terms the patient can understand and noted by the patient's physician in the medical records. A patient is entitled to know who is responsible for providing his or her direct care.
- 5. The patient is entitled to refuse treatment and to be informed of the consequences of that refusal. However, when a refusal of treatment prevents Quality Family Physicians or the physician from providing appropriate care according to ethical and professional standards, Quality Family Physicians or the physician, may terminate the relationship with the patient.**
- 6. The signature below provides written consent for all vaccinations / injections recommended by the physicians. VIS sheets and more information will be given at the time of procedure. Verbal consent is given at the time procedure is performed.**
7. The patient is entitled to receive information concerning his or her continuing health needs and alternatives for meeting those needs.
8. When calling to speak to one of our staff members leaving a voicemail, please leave your date of birth, full name and the reason you are calling.
9. When setting up an appointment, please inform the staff about reason for appointment (i.e. , physicals, medication refills, blood work, etc.).
10. Lab and test results can be obtained by phone or email but a review of that information with the physician and adjustment to the treatment plan may result in a telehealth visit or an e-visit.
- 11. All telehealth and E-visits will be billed to your insurance. Please check with your insurance for benefit details.**
12. A current copy of the patient's insurance card must be presented at the time of their appointment. **Your insurance card and driver's license will be scanned in to your chart via Athena capture.** The patient must provide all information necessary for billing and insurance processing.

13. The patient is responsible to be familiar with their individual insurance coverage. The patient's insurance policy is between the patient and their insurance company not with insurance company and their doctor.

14. If the patient has new information (i.e. new address, phone number.) the patient may be asked to fill out new paper work and the new insurance card and paperwork will be scanned into the chart.

15. Prescription refill request may take up to 48 hours to be processed.

16. Responses to phone messages left for the doctors may take up to 24-48 hours unless deemed urgent by the doctor. Staff will do everything possible to inform you if there will be a longer delay.

17. There is a \$10.00 fee for paperwork left for the Doctor to complete (i.e. FMLA forms, etc.)

18. All payments must be rendered at the time of the service, (Payment methods: Cash, Check, Credit Card)

19. The patient is responsible for all fees not covered by their insurance company. The patient is responsible for knowing what their copay amount is and it will be collected at time of appointment. If the patient does not have insurance the patient is responsible for all fees

19. Payments made by check will have a \$20.00 service fee if returned due to insufficient funds.

20. This office has the justification to terminate medical care under the following conditions but not limited to

a. breach of contract (s)

b. three or more No Shows

c. inappropriate behavior toward the doctors, staff, or other patients while in the office

21. The patient is responsible for canceling an appointment 24 hours before their schedule time. If the patient does not show up for their scheduled appointment or cancels without 24 hour notice to the office, a \$50.00 service charge will be assessed.

Signature: _____

Date: _____