



Hill Country OB/GYN Associates

Office Policies and Procedures

Office Hours:

Mon-Thurs: 8:00AM-5:00PM
Friday: 8:00AM-12:00PM

Contact Information:

Phone: 512-462-1936
Fax: 512-394-3988
After Hours: 512-323-5465

Management:

Administrator-Dena X 120
Clinical Manger-Yvonne X 123
Office Manager- Amy X 124

Appointments:

- Patients are seen in the office by appointment only.
- Appointments may be made by telephone, ZocDoc, our website or via your patient portal.
- For your initial visit, please arrive 15 minutes early to complete necessary paperwork and present your drivers license and insurance card. If paperwork has been filled out in advance then early arrival is not necessary.
- Please be prepared to present your insurance card at each visit. All insurance changes are to be reported by the patient. If you do not have your insurance information at the time of service you will be considered self pay. Correct insurance information ensures that we meet filing deadlines set by your insurance carrier. If you present the information at a later time we will file as a courtesy, but if the claim is rejected then you will be responsible for the full amount.
- We require at least a 24 hour notification if you are unable to keep your scheduled appointment. This courtesy will allow us to accommodate other patients. We do realize that emergencies arise and therefore do not charge for the first two missed/late cancelled appointments. You will be charged **\$50.00** for subsequent missed appointments and may be asked to provide a credit card prior to booking future appointments.

Medicaid Patients: Our office notifies Medicaid of all no shows. Contact X293 for assistance with all appointment needs.

New Patients: who fail to give at least a 24-hour cancellation notice will not be offered the privilege of rescheduling the appointment.

Due to excessive no shows we regrettfully now must enforce this no show policy.

Patient Portal:

Hill Country OBGYN offers a secure patient portal as a service to patients who wish to view their records and communicate with our staff. We encourage all of our patients to sign up for this service as a valuable communication tool, however the portal is not to be used in Emergency or Urgent matters.

Proper Subject Matter would include: Lab results, appointment reminders or request, routine follow up questions, refills, and payments. All messages sent through the portal become a permanent part of your medical record. Only records and results sent to you by a staff member will be available for review.

Insured Patients:

In order to accommodate the needs of our patients, we have enrolled in numerous managed care insurance programs. While we are pleased to be able to provide service to you, it is very difficult to keep track of all the individual requirements. Even within the same insurance company, plans differ depending upon what type of contract your employer has negotiated. Providing quality medical care for our patients is our primary concern.

We highly recommend that you read your insurance booklet or contact your insurance company about your benefits. Insurance is a contract between you and your insurance carrier. We will not become involved in disputes between you and your insurance carrier regarding deductibles, co-payments, covered charges, pre-existing, etc.

Providing that your physician is contracted with your plan, we will file the claim for you. You are responsible for your co-pay, deductible, or coinsurance at the time of service. If we can verify that you have met your deductible, you will be responsible for only your coinsurance. If your plan requires prior authorization to see a specialist, you are responsible for getting the referral to our office before the day of the appointment. You will be billed for any non-authorized office visits. Verifications are an **estimate**, and not a guarantee of benefit responsibility.

Medicaid Patients*

If at any time you enroll in Medicaid we are contracted **only** with **Traditional and Superior**.

A copy of your eligibility is expected at each visit. If you are on a plan that we are not contracted with you will be billed as self pay and subject to collections.

Uninsured/ Self pay Patients:

Payment is expected at the time of service unless other arrangements have been made in advance. A 20% discount is extended for prompt payment at the time of service and will not apply at a later date. For your convenience we accept VISA, MC, Discover, AMEX, Care Credit, personal checks and cash. If you are unable to pay in full, please contact x112 prior to your visit to make arrangements.

Deposits and Payments:

- **Surgery Deposits/ OB Deposits/ Devices**

As a courtesy to our patients with insurance we will verify your responsibility prior to services being rendered. The verification obtained is an **estimate**, and not a guarantee of benefit responsibility. Payments are collected prior to the procedure date. Our billing specialist will contact you with your estimated responsibility pre-determined with your insurance. If you are unable to pay in full, please contact x109 prior to the procedure date to make arrangements.

Statements and Collections

Electronic statements are sent monthly and payment is due upon receipt. If after 30 days payment is not received, your account may be subject to "Collections" and a 15% interest fee and/or a \$25 collections fee. Please contact our business office at X112 to set up payment arrangements if necessary.

- **Payment Arrangements**

We accept Care Credit for payments and also have applications available for those who wish to apply. Payment arrangements are also accepted with a direct debit/credit card kept on file and ran monthly by our business office. Patients who are on a prearranged payment agreement and remain current will have all interest fees waived. If you fail to honor your agreement without contacting patient accounts, payment will then be due in full and collection processes will proceed. Contact X112 for further assistance.

- **Returned Checks**

There will be a \$25.00 handling fee for returned checks. If a second check is presented and returned, we will request that future visits be paid with cash, credit or debit card.

Acknowledgement of Fees:

- **FMLA/Disability forms: \$25.00** for the first set of forms and **\$15.00** for each additional. Please allow **10** business days for completion of forms. Payment is due when forms are presented.
- **Medical Records: \$25.00** for the first **20** pages and **\$0.50** for every page there after. A charge is only accessed when records are released directly to the patient. Payment will be expected when the records are picked up. Please allow **14** business days for completion of forms. Please contact X 302 for further assistance.
- **No Show Fee: \$50.00**

Lab/ Prescription Policies:

- All lab work will be billed separately by the respective laboratory, and is **not** included our charges.
- Any questions regarding bills for lab work should be addressed with the laboratory.
- Lab results are sent to you through your patient portal. Only normal lab results will be sent to you using this method. Results that require follow up will be done so by telephone.
- Prescription refills are handled through EPrescribe, which allows us to send and receive refill requests and approvals directly to the pharmacies. Your prescription history may be pulled by your provider to optimize your current care and to prevent drug interactions.
- **We require 48 hours for refills requests. Refills that are handled afterhours or on weekends will be charged \$15.00.** *This policy is due to excessive weekend non urgent refill requests.*

Telephone Calls:

Phone calls and messages received are triaged by our office to the appropriate staff member. Calls are returned by priority and non urgent calls received after 4pm will be handled the next business day. Please know we will make every attempt possible to return calls in a timely manner. Calls are recorded for quality of medical advice and patient service. If you do not wish to be recorded you may contact us through your patient portal.

Keep pages 1 & 2 for your records.

**Acknowledgement of Receipt of
Hill Country OBGYN Policies and Procedures**

*We would like to thank you in advance for your cooperation and understanding of our policies and procedures. Due to previous experiences we regretfully must now enforce these policies. We apologize in advance if these do not pertain to you, but with your help, these policies will enable us to treat you and your family efficiently and provide the quality of care you deserve.
This has always been and remains to be our foremost concern.*

I, _____, have received a copy of Hill Country OBGYN's Policies and Procedures Version 1 2012 manual and have reviewed the HIPPA provided to me in the office.

Patient or Responsible Party Signature

Relationship

Date

Prescription History Release:

I _____do _____do not authorize Hill Country OBGYN to pull my prescription history. _____initials

Assignment and Release

Assignment of Benefits:

I understand payment is due at the time of service, unless covered by contracted health insurance plan, in which case I understand I will pay my share and authorize payment of medical benefits to the physician who accepts assignment. I also understand that if a service is not a benefit of my plan, I am responsible and will pay promptly or make arrangement to pay. I understand that lab tests are done by a separate facility and I may receive separate billing. I authorize release of medical records and other information, including result of any lab tests, in order to process a claim. By placing my signature below, I am consenting to treatment by the physicians and staff of Hill Country OBGYN.

Release:

I authorize Hill Country OBGYN and its designated representatives to release my personal health information to the following person(s):

Patient or Responsible Party Signature

Relationship

Date

Please return this form to the front desk