

## **Key Office Policies**

- Patients will receive a phone call and/or a message via their patient portal (our preferred way of communication) with all abnormal labs and procedures. All normal results and non-urgent abnormal results will be discussed at the next visit or at the physician's discretion.
- 2. For prescription refills, please reach out to your pharmacy with any requests and they will reach out to us to send them electronically. You can also request a refill via our patient portal. Please plan and submit this request 7 days before running out of your medications. If your prescription requires authorization by your insurance plan, this could take up to 2 weeks to obtain, and we would reach out to you and the pharmacy when and if we get the approval.
- 3. We do not issue refills on controlled substances without a scheduled visit, nor do we issue refills if a patient has not been seen in the office within the time recommended at your last visit, or in the last 12 months.
- 4. Laboratory and radiology requested by the physician on the previous visit should be done at least 5 days prior to your appointment to assure your physician has access to the results to review with you during your visit.
- 5. <u>Cancellation/Missed visit policy:</u> Our specialty practice is in high demand. Please note if you miss your new patient visit you will not be rescheduled. For follow-up appointments without giving at least 24 hours of notice, you will be charged a fee of \$50.00 on the credit card on file. These fees are not covered by your health insurance plan. Two or more no-shows may result in discharge from our practice.
- 6. We ask that you be 10 minutes early for your appointment to avoid having to reschedule your appointment. The check-in process can be sped up by you updating your information online before your visit.
- 7. It is our policy to collect the office visit fee at the time of service if you have a deductible amount remaining, with no exception.
- 8. Copayment will be collected at time of service, prior to seeing the physician, with no exception. This is part of our contract with the insurance company. Please be sure to bring a form of payment. If you do not, the staff will have to ask you to reschedule your appointment.
- 9. If your insurance company requires referrals, it is your responsibility to bring this referral to your visit and make certain that it is valid every time you make an appointment. It is your responsibility to make certain we have the referral. If you do

not have a valid referral for your visit and it is denied by your insurance company, you will be responsible for the full amount of the office visit. If you arrive without the proper referral, you will be asked to reschedule your appointment and/or be responsible for the payment of the visit if you are seen.

- 10. Please bring your insurance card and photo ID to each visit.
- 11. After your visit, we will submit a claim to your insurance company. Once we have received payment and explanation of benefits, any remaining balance, up to the allowed amount will be your responsibility. A statement will be sent to you via text, email, and telephone, giving you an option to pay at that time. The full amount must be paid within 30 days unless you have contacted our office and made a payment arrangement. If no payment arrangement has been made within 90 days, the balance will be sent to a collection agency.
- 12. Our practice does not allow patients to change physicians within the practice. However, a consideration will be made upon request and reviewed by our clinical team.
- 13. We value the safety of our patients and employees. In case of inclement weather, we will post any closures or delays to our website MarylandEndocrine.com. Please check and verify that the office is open before coming to your appointment. You will not be charged a no-show fee due to inclement weather.
- 14. We now require a credit card on file; this policy authorizes Maryland Endocrine to charge the credit card on file for any patient-responsible balances for services received after insurance processing. You will continue to receive an explanation of benefits (EOB) from your insurance carrier.
- 15. Physician phone calls are telehealth visits and online patient portal messages requiring physician input are billable services. If these services are not covered by your insurance, you will be responsible for any balance for services received after insurance processing.

I	, have read and acknowledged receipt
of the policies listed above.	

Signature:	Da	ate:	