

## PATIENT FINANCIAL AGREEMENT

Thank you for choosing Lifestyle Neurology PC to assist with your healthcare needs. Please review and sign this policy, asking questions as necessary. A copy will be provided to you upon request.

1. **Insurance:** We participate in most insurance plans. If your insurance is not a plan we participate in, payment in full is expected at each visit. Knowing your insurance benefits is your responsibility. Please contact your insurer with any questions you may have regarding your coverage to receive the maximum benefit.
2. **Patient payment:** All copayments are to be paid at the time of service. This arrangement is part of your contract with your insurance company. If your insurance company requires a cost share before deductibles are met, you are responsible for the amount requested by Lifestyle Neurology.
3. **Forms:** FMLA, sick leave, AFLAC, disability insurance forms, and any other forms required to be filled out by Lifestyle Neurology will require a form appointment. Insurance does not cover these appointments. A form appointment will be \$125.00. Forms will be completed and given to you at the time of appointment or within 7 days after.
4. **Registration:** All patients must complete our patient information form, which will be entered into our computer to maintain accurate information for proper billing. We must obtain a copy of your driver's license and current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information, or your insurance changes and you fail to notify us in a timely manner, you may be responsible for the balance of a claim. Most insurance companies have time filing restrictions; if a claim is not received within 30 days of the date of service, it can be rendered ineligible for payment and you will be responsible for the balance that remains.
5. **Claims:** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may not accept information from our office and may need information from you. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether your insurance company pays or not. Your insurance benefit is a contract between you and the insurance company; we are not party to that contract.
6. **Uninsured patients:** We offer a 30-percent discount to our patients who do not have insurance. Please be advised that the discount is only good when the charges are paid at the time of service. If the charges are not paid at the time of service, the discount will be removed and payment of the full charge will be expected before the next visit. If a balance remains, you will receive a monthly statement that is due upon receipt. Any account balance over 90 days will be subject to review for collection action.

- 7. Credit and collection:** If your account is more than 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance has remained unpaid, it may be sent to a collection agency. If an account is sent to collection, it is the policy of this office to discharge the patient and possibly immediate family members from the practice. You will at that time be notified by regular and certified mail that you will have 30 days to find alternative medical care. During that 30-day period our physicians will be able to treat you only on an emergency basis.
- 8. Missed appointments:** Our policy is to charge \$50 for missed appointments not canceled within a reasonable amount of time. These charges will be your responsibility and billed directly to you. Please help us serve you better by keeping your regularly scheduled appointment.
- 9. Outside Testing/Labs:** We will refer you to a place that accepts your insurance. This DOES NOT mean your testing/labs will be covered by your insurance. It is your responsibility to provide the outside facility your insurance. It is also your responsibility to discuss any out of pocket costs with the facility.
- 10. Prescriptions:** Your prescriptions will go to the pharmacy on file. If you want these to go elsewhere, you must notify front desk at check in.

# **LIFESTYLE NEUROLOGY PC**

## **Office Policies and Patient Agreement**

Welcome to the office of LifeStyle Neurology PC. We are pleased you have chosen us to assist in your medical care.

Because we have a large number of recurring questions concerning our practice, we have prepared this "Patient Agreement" to help answer these questions. Please keep the front sheets of this agreement and provide our receptionist with the last sheet acknowledging that you have received these office policies.

### **Appointments**

You may call 901-440-8482 to make an appointment or walk in to schedule an appointment.

Missed appointments cause a great deal of unnecessary burden to you, other patients and our office. Please be considerate and call at least 24 hours in advance to cancel and reschedule, OTHERWISE, YOU MAY BE ASSESSED A \$50 FEE FOR A NO-SHOW!

We may call you in advance of your appointment to remind you. Unless you instruct us otherwise we may leave the message about your appointment with any adult member of your family or on your answering machine of telephone numbers you provide us as your home or personal answering machine.

### **Emergencies**

If you are experiencing what you perceive as a true emergency and you may need assistance, call 911 so you may be evaluated and brought to the emergency room. Once in the emergency room, have their staff and/or your family member contact us.

### **Inclimate Weather**

If the weather is such that the schools or other public offices are closed, please check with our office before keeping your appointment.

### **Lab/Other Tests**

Within a reasonable time frame of our receiving your lab or test results, we will call you if the results are significantly abnormal. Otherwise, all results will be discussed at your follow up visit. You may call but it is not necessary for you to call our office regarding lab/test results. Pursuant to the Notice of Privacy Practices for Protected Health Information provided with this form, we will leave these results directly with you, or with an adult member of your family at your home or cell phone telephone number or on your answering machine.

### **Medical records/forms**

If you need medical records for any reason, we will be happy to copy them for you. Except in cases of true emergencies, we will need at least a two- week advance notice. There will be a \$20.00 fee to offset office time and costs. This fee must be paid in advance.

### **Medicare Patients**

We participate with Medicare. Therefore, you will only be responsible for the amounts allowed by Medicare unless you sign an Advance Beneficiary Notice stating that you know a service is not covered. It is important for us to know if Medicare is your primary insurance. If you or your spouse are still employed and a group health plan is available, that group health plan is primary. If you have been in an automobile wreck, if your retirement offers group insurance or if your visit is related to a worker's compensation claim, Medicare is not primary. Sometimes Medicare will deny a claim because it has information that it is not primary. If it is incorrect, you will need to call Medicare directly to clarify the mistake. We will inform you by letter if we receive information from Medicare that it is not primary. After you contact Medicare to resolve the matter, please call our billing office at **(901) 382-9786**. The office will be glad to assist you in rectifying the matter. Unless you have secondary insurance that covers coinsurance and deductibles, you will be expected to pay your annual deductible for physicians services and your 20% coinsurance amounts at each visit.



**PLEASE NOTE THE MEDICARE ADVANTAGE PLANS ARE NOT TRADITIONAL MEDICARE PLANS AND HAVE RESTRICTIONS ON MEDICAL CARE. IF YOU ARE ON A MEDICARE ADVANTAGE PLAN, THE ABOVE DOES NOT APPLY TO YOU. YOU WILL NEED TO BE FAMILIAR WITH THE REFERRALS AND PRECERTIFICATIONS REQUIRED BY YOUR PLAN AND ABIDE BY THOSE RULES. IF YOU FAIL TO FOLLOW THE GUIDELINES OF YOUR PLAN, YOU MAY BE RESPONSIBLE FOR ANY UNPAID BILLS.**

#### **Payment for services**

Please bring your insurance cards each time you visit this office. We will ask to see your cards on each visit. Please also bring any co-pay, coinsurance and deductible amounts that are due. We will bill your insurance company as a courtesy to you. Any portion of your visit unpaid at the time of service or by your insurance company will be billed to you unless our agreement with your insurance company requires an adjustment.

If you have a change of insurance information, please call that change to **(901) 440-8482**. It's very important that you keep us apprised of any change in insurance. Frequently an insurance company will not change but a policy or group number will or there will be an update in where to file your insurance.

If your insurance does not pay your bill within 90 days, we will no longer bill the insurance company, but will bill you directly. You may call **(901) 382-9786**. We will be glad to refile to new insurance for you. However, after 90 days, we will still look to you directly for payment.

Any amount billed to you is due upon receipt. If the bill is not paid or payment arrangements made within 60 days after billing you, your account may be turned over to a collection agency. The collection agency fee will also be billed to you.

Please note, if you have Medicare or Blue Cross, your insurance will be filed where services are rendered. This is the "interplan" system of these two carriers. Thus, if you have Blue Cross of Michigan, the claim SHOULD be filed to Blue Cross of Tennessee if the services were rendered in Tennessee. The only exceptions to this are Medicare Railroad and Blue Cross plans that specifically call for filing with the "home plan." Should you fall under either of these exceptions, please advise.

#### **Prescriptions**

Due to the large number of calls we receive for prescriptions daily, we are requesting that you ensure you have enough medication to last until your next visit.

Please remember to call at least two business days before your medications run out. We will normally refill single prescriptions for chronic conditions for a maximum of three months before requiring a patient visit. Patients with multiple medications need to be seen more frequently.

Please remember to bring all your medications with you each time you visit the doctor.

#### **Referrals**

If you need a referral, please contact us at least 3 business days before it is needed. Of course, in cases of true emergency, we will rush the referral. If it is a referral for a new problem, you must be evaluated first before a referral is given.

#### **Telephone Calls**

When the office is busy, the nurse may not be able to speak to you when you call. However, all telephone calls are returned by the end of the business day or the following morning of the next business day. If your call is urgent, please do not leave a recorded message. Indicate to the staff that you need to speak to a medical professional immediately. If the call is made outside of office hours, please follow the instructions on our recording or if you truly feel that you are experiencing an emergency, call 911 to bring you to the ER for immediate evaluation and necessary treatment if needed. Then have the ER staff or your adult family member call our office.

# Notice of Privacy Practices For Protected Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

**Treatment.** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**Payment.** Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated. Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of **LifeStyle Neurology PC**. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**Law enforcement.** Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

**Public health reporting.** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

**Communications with you.** Unless you indicate otherwise, if we call a home or personal cell phone number provided by you, we will leave messages concerning appointments and lab results with those who identify themselves as adult members of your family or on your answering machine. We will not leave messages at your work phone unless you specifically give us permission to do so. We may also text and/or email you appointment reminders.

**Other uses and disclosures require your authorization.** Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

## Additional Uses of Information

**Appointment reminders.** Your health information will be used by our staff to send you appointment reminders.

**Information about treatments.** Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and service that we believe may interest you.

## Your Health Information Rights

You have certain rights under the federal privacy standards. These include:

1. The right to request restrictions on the use and disclosure of your protected health information,
2. The right to receive confidential communications concerning your medical condition and treatment,
3. The right to inspect and copy your protected health information,
4. The right to amend or submit corrections to your protected health information,
5. The right to receive an accounting of how and to whom your protected health information has been disclosed,
6. The right to receive a printed copy of this notice.



### **LifeStyle Neurology PC and Staff's Duties**

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.  
Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

### **Requests to Inspect Protected Health Information**

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting:

#### **HIPAA Compliance Officer Complaints:**

(901 )440-8482  
Hope Wilbourn

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

**Secretary of Health and Human Services  
200 Independence Ave. SW  
Washington, DC 20201**

If you believe that your privacy rights have been violated, you should call the matter to the attention of our privacy officer, Hope Wilbourn, by sending a confidential letter describing the cause of your concern to:

Lifestyle Neurology  
Attn: Hope Wilbourn  
2215 West Street  
Suite 100  
Germantown, TN 38138

You will not be penalized or otherwise retaliated against for filing a complaint.

This Notice is effective on 07/01/2019