

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. We will need confirmation that you will be attending your appointment.

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.

AI: We implement AI services in our practice with charting and other services to the patient.

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 05/18/2025