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PRACTICE POLICIES AND PROCEDURES

Mission Statement & Practice Values: Our mission is to provide the highest quality clinical care that promotes quality of life and optimum health and wellness in the homebound setting. At Doctors Direct Medical Group we treat the whole client and strive to incorporate biological aspects, psychological factors and social components, which provides the best chance for optimum health and focuses on each individual uniquely. Doctors Direct medical Group was founded out of the desire to provide clinical health services in a model that focuses on comfort and quality of life as much as treatment.

Confidentiality & Reporting: While one of the clinician's primary duties is to protect the patient's privacy and confidentiality, this duty is not absolute or without exceptions. Communications are confidential and generally no information will be released without your consent, except for the following: Doctors Direct Medical Group clinicians are considered mandatory reporters for dependent adult / elder abuse. Clinicians may also have charts subpoenaed in legal cases however records may be subject to patient-clinician privilege and patient confidentiality/safety are utmost priority. Confidentiality is primary, however in the case of a threat to self or other harm, we must report.

Medical Records: Both law and the professional standards require that we keep appropriate treatment records. You are entitled to review a copy of the records. We can also prepare an appropriate summary for review. Clinicians may have charts subpoenaed in legal cases however records are usually subject to patient-clinician privilege and will only be released with your consent or a court order. You must make your request in writing. There is a fee for these copies.

Insurance. We participate in contracted insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

Co-payments and deductibles. All co-payments and deductibles must be paid for services provided. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment for each visit.

Non-covered services. Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full. Attempts will be made to get insurance authorization for services provided before they are provided. However, if authorization is not provided for services rendered, payment will be the responsibility of the patient or responsible party

Proof of insurance. All patients must provide patient information before seeing the doctor. We must obtain a copy of your current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you. Please note there is also a \$35 fee for any returned check.

Assignment and releases. I hereby authorize my insurance benefits to be paid directly to Doctors Direct Medical Group. I understand I am financially responsible for any portion of my bill not covered by insurance; this may include remaining balances, co-payments, co-insurance, deductibles and non-covered services.

I authorize Doctors Direct Medical Group to release to my insurance carrier or its designated agents any information concerning my medical care, advice, treatment or supplies provided to me for the purpose of administration, review, investigation or evaluation of claim coverage and utilization of services. I authorize that a copy of this information to be as valid as the original. I will notify Doctors Direct Medical Group in writing of any information I do not want released.

Nonpayment. If your account is over 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 remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified

mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.

Missed appointments. Our policy is to charge 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 to serve you better by keeping your regularly scheduled appointment. Kindly give 24 hours notice when canceling/rescheduling your appointment as a courtesy to our other patients as we try to provide same day appointments. After three missed appointments without providing 24-hour notice, you will be charged a \$50 fee.

Prescription Refills: Prescription refill request will be handled within 24-72 hours of receipt during regular business office hours. Please have your pharmacy fax/e-request refill requests to our office rather than calling and requesting refills. Certain medications that are controlled substances require monthly scripts that need to be taken into the pharmacy in person and thus cannot be called in or faxed. Our clinicians reserve the right to deny refills or reduce quantity/doses. Patient refills may also be denied if prescription is considered clinically inappropriate. Furthermore, if accounts are past due and payments are not received or a payment plan initiated, clinicians' refills will not be granted.

Pharmacology/Medications: Medications are used to treat many chronic and acute medical conditions. Doctors Direct Medical Group will prescribe clinically appropriate medication to each patient on an individual basis. When non-medication treatment options are available, these will be considered on an individual basis. It is our goal at Doctors Direct Medical Group to treat each and every patient as an individual and create a clinically appropriately unique treatment plan.

Laboratory Tests & Procedures: As part of your treatment plan, our clinicians may recommend certain lab tests/blood work to be ordered to assist in diagnosis and rule out medical causes to symptoms. Certain medications also require routine and periodic blood work. Please make sure to discuss any physical symptoms, past medical history, etc. that may be important in your current situation. If labs are ordered, it is your responsibility to make sure that lab services are an included benefit in your insurance.

Referrals/Authorizations: If your insurance requires a referral or preauthorization, you are responsible for obtaining it. Failure to do so may result in payment denials from your insurance. Occasionally our clinicians will refer you to another specialist. Recommendations are based on their experience with the specialist but the specialist may/may not be an in-network provider with your insurance carrier. You will need to contact the office and/or your insurance to determine if that provider is covered.

Workman's Compensation Policy. I understand that I am responsible for payment in full at the time of services unless authorization for treatment has been obtained prior to services being rendered. It is my responsibility to submit all claims for reimbursement.

Telephone Calls & Emails: We must screen all calls to the clinicians during office hours while they are seeing patients. Calls deemed "non emergent" will be handled by the staff in the order received. If it is necessary to leave a message for the clinicians directly, calls will be returned within 24-48 hours by either the clinician or staff, as appropriate. Direct messages through the patient portal may be used as well. Emails will be answered by clinicians or by staff and are confidential, but please keep in mind the limits of technology security. Emails may also be used to communicate with office staff.

Text messaging. If information is shared in that format I am aware that text messages are generally **not** secure because they lack encryption, and the sender does not know with certainty the message is received by the intended recipient. Also, the telecommunication vendor/wireless carrier may store the text messages. Any information shared may become part of the medical record and I do so at **my own risk**.

Patient-Provider Arbitration Agreement: Our goal is to provide medical care to our patients in a way that will avoid disputes. We know that most problems occur as a result of miscommunication. So, if you have concerns about your medical care, please discuss them with us. By signing the practice policies, you are agreeing that any dispute arising out of the medical services you receive will be resolved in binding arbitration before an arbitration panel instead of by a lawsuit in a court of law. Arbitration agreements between health care providers and their patients have long been recognized and approved by the California courts. We believe that the method of resolving disputes in arbitration spares the parties some of the rigors of a court trial and the publicity which may accompany judicial proceedings.

Grievance Policy: Communication is an essential element of your healthcare and interpersonal relationships. If at any time you have concerns, please discuss with either your healthcare provider and/or our office manager. If resolution has still not been achieved, you have the right to request a meeting with the owner to discuss your concern.

Thank you for reviewing our Practice Policies and Procedures. Please let us know if you have any questions or concerns.

By signing below, I acknowledge that I have read the above Practice Policies and Procedures, and am consenting to treatment with Doctors Direct Medical Group and agree to abide by the terms noted above.

Patient Name

Responsible Party Name & Relationship

Patient Signature

Date

Responsible Party Signature

Date