

# Raleigh Capitol Ear, Nose, and Throat

## Prescription Policy

Welcome to our office. We are committed to providing you with the best possible medical care. We do not think we can provide excellent medical care when patients are treated with prescription medications without being evaluated by a physician.

**PATIENTS ON MAINTENANCE MEDICATIONS:** Some of our patients take daily medication for an ongoing problem that has been diagnosed by one of our physicians. We will continue to call in medication refills for those patients over the course of one year. All patients must be seen and evaluated on an annual basis to continue to receive maintenance medications.

THANK YOU for taking the time to review our policy. Please feel free to ask any questions or share any special concerns with us.

### e-Prescribing Consent Form

e-Prescribing is defined as a physician's ability to electronically send an accurate, error-free, and understandable prescription directly to a pharmacy from the point of care. Congress has determined that the ability to electronically send prescriptions is an important element in improving the quality of patient care. E-Prescribing greatly reduces medication errors and enhances patient safety. The Medicare Modernization Act (MMA) of 2003 listed standards that have to be included in the e-Prescribing program. These include:

- Formulary and benefit transactions – Give the prescriber information about which drugs are covered by the drug benefit plan.
- Medication history transactions – Provides the physician with information about medications the patient is already taking to minimize the number of adverse drug effects.
- Fill status notification – Allows the prescriber to receive an electronic notice from the pharmacy telling them if the patient's prescription has been picked up, not picked up, or partially-filled

By signing this consent form, you are agreeing that Raleigh Capitol Ear, Nose, and Throat can request and use your prescription medication history from other healthcare providers and/or third party pharmacy benefit payers for treatment purposes.

Understanding all of the above, I hereby provide informed consent to Raleigh Capitol Ear, Nose, and Throat to enroll me in the e-Prescribe program. I have had the chance to ask questions and all of my questions have been answered to my satisfaction.

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Signature of Patient or Guardian

## **Raleigh Capitol Ear, Nose, and Throat SUMMARY OF PRIVACY PRACTICES**

As a patient of Raleigh Capitol Ear, Nose, and Throat, we want to inform you of an important protection for patient privacy that has been in practice since April 14, 2003. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 permits the federal government to give practices, such as ours, specific rules about the storage and transmission of personal health care information. The Privacy Rule portion of HIPAA tells us how to use “personal health information” (PHI) about patients within our practice and how to disclose it outside our practice.

HIPAA requires that we adopt a Notice of Privacy Practices and provide you with a copy. This is a lengthy notice, so to make it easier for you to understand, we have listed the patient rights that are detailed in the attached Notice of Privacy Practices:

- Patients have the right to receive copies of our Notice of Privacy Practices
- Patients can give permission to the practice to use and disclose PHI for certain purposes and for psychotherapy notes
- Patients can ask for restrictions on certain uses and disclosures of PHI
- Patients can ask for restrictions on the way(s) in which we communicate PHI to them
- Patients can ask us to change PHI that is contained in their medical records
- Patients can ask to inspect and copy PHI
- Patients can ask for a list of disclosures of PHI produced by the practice
- Patients have the right to complain to our practice and to the Department of Health and Human Services about alleged violations of Privacy Practices.

We fully support HIPAA and the Privacy Rule. As our patient, we request your signature for the following Receipt Acknowledgement of our Notice of Privacy Practices, and we will be glad to provide you with a personal copy of the complete Notice of Privacy Practices, and we will be glad to provide you with a personal copy of the complete Notice if you would like to have one for your records.

### **RECEIPT ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES**

With my signature below, I verify that I have reviewed the summary and have been offered a copy of Raleigh Capitol Ear, Nose, and Throat Notice of Privacy Practices.

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Patient or Guardian Signature

## Raleigh Capitol Ear, Nose, and Throat Financial Policy

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask to speak with any member of our billing team if you have any questions.

**PATIENTS MUST FILL OUT PATIENT INFORMATION FORMS PRIOR TO SEEING THE PHYSICIAN. WE WILL REQUEST TO SCAN YOUR INSURANCE CARD(S) AND A PHOTO ID FOR YOUR CHART.**

Current Insurance Card – A claim cannot be processed with expired insurance card information. Patients will have the opportunity to pay the total visit charge or reschedule to a date when current insurance information can be provided. We will review your insurance card(s) at every visit. All insurance changes must be given to us by the time of service. If your insurance changes and we are not notified, you will be responsible for all charges. We will not bill your insurance for any charges before the change notification.

- Copays, deductibles, and co-insurance amounts are collected at the time of service. Any durable medical supplies, such as hearing aids, are not included in our contract and will incur an out-of-pocket expense.
- As a courtesy to you, insurance forms for services rendered will be completed by our office with your primary insurance carrier. We will file the secondary insurance, if we are given appropriate insurance information.

There are some things which for which we **CANNOT** accept responsibility:

- We **DO NOT** file Medicaid as a secondary insurance, unless Medicare is the primary insurance.
- **Co-insurance and deductibles:** These charges are your responsibility. Due to our contractual obligations with your insurance company, we are not able to write off co-insurance or deductible amounts.
- **Co-payments:** By law, we **MUST** collect your insurance carrier designated co-pay. This payment is expected at the time of service.
- **Authorizations:** For those patients who are members of an insurance plan that requires an authorization, it is the patient's responsibility to get a current authorization from the primary care physician. Generally if the name of a primary care physician is listed on the insurance card, an authorization is required from that physician. Please verify with the Check-in staff before your visit that you have a current authorization. If you do not have the required authorization, you will be responsible for your charges at the time of service, or you will have to reschedule your visit until an authorization can be obtained.
- **Medicare Assignment:** (if applicable) I authorize any holder of medical or other information about me consent to release any information needed for this, or a related Medicare claim, to the Social Security Administration and Health Care Administration or its intermediaries or carriers. I permit a copy of the authorization to be used in place of the original request payment for medical insurance benefits to the party who may be responsible for paying treatment costs.
- **Self-Pay patients:** Full payment is expected at the time of service, unless financial arrangements have been made prior to your visit.

- **Divorced/separated parents of a minor patient:** The responsibility of payment for services rendered to any dependent patients, should parents be legally-separated or divorced, rests with the parent who seeks treatment for the patient. Any court-ordered responsibility judgment must be determined between the individuals involved, without the inclusion of our office. Raleigh Capitol Ear, Nose, and Throat will not be involved with separation or divorce disputes.
- **Supplies:** Any supplies that you receive from our office must be paid for in full at the time of service. Insurance companies do not cover costs for miscellaneous supplies or administrative work.
- **Outside forms:** Disabilities forms, CMLA forms, Leave of Absence forms, letters regarding airline tickets or travel and/or requested correspondence that is not associated with the reimbursement of a claim may incur a charge to the patient prior to completion of the form(s). Turnaround for form completion may vary with time and volume.
- **Missed or Late Cancellation of Appointment:** There is a \$50.00 charge to the patient for a missed appointment without cancellation notice within 24 hours of the appointment.
- **Returned Check Fee:** There is a charge of \$40.00 to the patient in the event of a returned check for insufficient funds.
- **Statement Procedure:** We will mail a statement to the address you have provided once we receive payment from your insurance carrier. In the event that a payment is not received from you within 30 days, a second past-due statement will be mailed. If we still do not have payment within 30 days after that, we will make every effort to notify you that your account is being turned over to Equifax, which may impact your credit rating.

#### **FINANCIAL/INSURANCE RESPONSIBILITIES**

I authorize the release of any medical information necessary to process the insurance claim form for services rendered by Raleigh Capitol Ear, Nose, and Throat. I also authorize payment of benefits to Raleigh Capitol Ear, Nose, and Throat.

The patient or patient's responsible party will pay Raleigh Capitol Ear, Nose, and Throat any such sums as are now and may become due for services rendered to the patient. If the patient's insurance does not make any payment or only submits partial payment, the obligation to pay the remainder will be on the patient or patient's responsible party. Guarantor must sign for all minors or dependents.

I have read and understand the financial policy for Raleigh Capitol Ear, Nose, and Throat, and I agree to its terms.

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Signature of Patient or Guardian