

Phillips Clinic Policies & Procedures

Office Payment Policies

- Co-pays are due at the time of service. Please be prepared to pay your portion of your medical bill on the date of your visit. Phillips Clinic will charge an additional \$25.00 co-pay billing fee in the event you are billed for your co-pay after the date of your visit.
- If you are subject to a deductible, you are expected to pay cash for your visits until your deductible is met.
- It is your responsibility to handle your bill if your insurance company fails to provide payment for your claim within 60 days of your visit.
- All scheduled visits must be canceled 24 hours prior to your appointment. Failure to keep a scheduled appointment and/or failure to notify Phillips Clinic of your desire to cancel an appointment at least 24 hours prior will result in a \$25.00 no-show fee, which will be assessed and must be collected prior to your next office visit.
- If we are forced to turn your account over to our collection agency, a fee of 35% will be added to your balance.
- A fee of \$25.00 will be charged for each returned check.

Telephone Calls & Billing Inquiries

- Patient representatives attempt to return telephone calls within 24 hours.
- The billing department will answer inquiries during regular business hours. Please allow 24-48 hours for a response.

Prescription Refills

- All prescriptions refill requests are handled during regular business hours. Please contact your pharmacy directly for a refill and allow 1-2 business days for a response.

Laboratory Services

- Phillips Clinic provides a laboratory drawing station as a courtesy and convenience to our patients. It is your responsibility to notify the lab person if your health insurance requires you to use a specific laboratory *every time* you have a study conducted at the clinic. You also need to notify Phillips Clinic staff prior to performing the study, if you would like your laboratory studies to be billed as preventative only.
- You must provide updated insurance information to ensure your studies will be forwarded to the correct laboratory. Failure to do so may result in your studies being sent to an incorrect laboratory that may, as a result, cause you to incur additional out-of-pocket expenses.

- All studies ordered by Phillips Clinic are based of your age, family history, personal history, signs, and symptoms. We have no information on laboratory costs for such studies. You may request a list of CPT codes and we encourage you to contact your insurance provider to determine your out-of-pocket expenses related to these studies.
- The staff at Phillips Clinic will be happy to prepare a lab slip for you to take to your contracted laboratory in the event your feel uncomfortable having your laboratory studies handled by our staff.

Anti-Aging Complementary Medicine

- Dr. Mitchel E. Phillips, D.O. is board certified in family practice, pain management, and anti-aging medicine.
- Douglas P. Turner, PA-C is board certified in family practice and anti-aging medicine.
- Julie A. Gidvani, FNP-C is board certified in family practice and anti-aging medicine.
- Phillips Clinic is pleased to offer individualized compound prescriptions, age markers, bio-identical hormone therapy as well as Botox, Restylane, Microdermabrasion, and Mesoglow.
- Phillips Clinic offers a variety of weight reduction and weight management programs.

Doctor of Osteopathy

- A Doctor of Osteopathic Medicine (D.O.) is a physician licensed to perform some surgical procedures and prescribe medications. Similar to a Medical Doctor (M.D.), a D.O. completes 4 years of medical school and can choose to practice in any specialty area of medicine. However, D.O. training emphasizes hands-on manual medicine and an understanding of the body's musculoskeletal mechanics. Osteopathic medicine is dedicated to treating and healing the entire patient as a whole rather than focusing on one body system or body part.

Certified Physician's Assistant (PA-C)

- Physician assistants (PAs) are health professionals licensed to practice medicine with physician supervision. PAs perform a comprehensive range of medical duties, from basic primary care to high-technology specialty procedures. PAs often act as first or second assistants in major surgery and provide pre- and postoperative care.
In some areas, PAs serve as the primary providers of health care, conferring with their supervising physicians and other medical professionals as needed and as required by law. PAs can be found in virtually every medical and surgical specialty.

Certified Family Nurse Practitioner (FNP-C)

- A Nurse Practitioner (NP) is an Advanced Practice Nurse (APN) who has completed graduate-level education. All Nurse Practitioners are Registered Nurses who have completed extensive additional education, training, and have a dramatically expanded scope of practice over the traditional RN role. Nurse Practitioners hold national board certification in an area of specialty and are licensed through the state. Nurse practitioners focus on patients' conditions as well as the effects of illness on the lives of the patients and their families. NPs make prevention, wellness, and patient education priorities. NPs can serve as a patient's primary health care provider, and see patients of all ages.

Explanation of Health Care Terms YOUR insurance company might use

Covered Health Care Service - covered health care service is a health care service to which a policy holder is entitled under the terms of a contract. A covered health care service may be applied to your annual deductible and/or co-insurance responsibility. It is up to you to know the details of your policy coverage.

Deductible - A fixed dollar amount during the benefit period - usually a year - that an insured person pays before the insurer starts to make payments for covered medical services. Plans may have both per individual and family deductibles. It is up to you to know the details of your policy coverage.

- Some plans may have separate deductibles for specific services. For example, a plan may have a hospitalization deductible per admission as well as an in office deductible. It is up to you to know the details of your policy coverage.
- Deductibles may differ if services are received from an approved provider or if received from providers not on the approved list. It is up to you to know the details of your policy coverage.

Copayment - A form of medical cost sharing in a health insurance plan that requires an insured person to pay a fixed dollar amount when a medical service is received. There may be separate copayments for different services. It is up to you to know the details of your policy coverage.

- Some plans require that a deductible first be met for some specific services before a copayment applies. It is up to you to know the details of your policy coverage.

Coinsurance - A form of medical cost sharing in a health insurance plan that requires an insured person to pay a stated percentage of medical expenses after the deductible amount, if any, was paid.

- Once any deductible amount and coinsurance are paid, the insurer is responsible for the rest of the reimbursement for covered benefits up to allowed charges: the individual could also be responsible for any charges in excess of what the insurer determines to be "usual, customary and reasonable". It is up to you to know the details of your policy coverage.
- Coinsurance rates may differ if services are received from an approved provider (i.e., a provider with whom the insurer has a contract or an agreement specifying payment levels and other contract requirements) or if received by providers not on the approved list. In addition to overall coinsurance rates, rates may also differ for different types of services. It is up to you to know the details of your policy coverage.

What is preauthorization?

Preauthorization is when your insurance company is notified in advance of a surgery, hospital stay or procedure, and is required for most policies. The requirements can differ from policy to policy, but the purpose of preauthorization is to determine if a hospitalization or surgery is medically necessary, and how many days of hospitalization are warranted. Your health insurance ID card shows the preauthorization telephone number, and a full listing of which services require preauthorization can be found in your health insurance policy. Please follow the preauthorization procedure in order to maximize your benefits.

What is a predetermination?

A predetermination of benefits is a written request for verification of benefits. Your insurance company will review these requests based on policy provisions, and send an explanation of your potential health insurance benefits. You may request a predetermination before your medical procedure.

Email Authorization and Information

I hereby authorize Phillips Clinic to send correspondents, office information, newsletters, to my personal email address. I understand Phillips Clinic WILL NOT share my email information. It will only be used for communications between myself and Phillips Clinic.

Email Address: _____

Policy Acknowledgement

The Signature below is an acknowledgment that you have received the Office Policies, an Explanation of Health Care Terms, and authorizes us to communicate with you through email.

Patient Name: _____

Signature: _____

Date: _____

**WE ARE NOT
MEDICAID
PROVIDERS**

**We will NOT bill your Medicaid under any circumstances.
Patients with Medicaid as a secondary insurance will be
RESPONSIBLE for their balances.**

Patient Name: _____

Signature: _____

Date: _____