

**Our Goal**

We hope to help you and your family with your health care needs and provide the best care possible within the constraints of the health care and insurance system.

**Office hours:**

Monday through Thursday: 8 am to 5 pm. Fridays: 8 am to 3 pm. My staff will be available to assist you during those hours.

**Appointments:**

- Patients are seen by appointment only. We have urgent care appointments available for established\* patients daily and ask that you call us as early in the day as possible so that we can try to accommodate your needs. If you are experiencing an emergency please proceed to the closest emergency room or call 911.
- We do not see WALK IN patients. Depending on staffing, urgent and emergent patients needs and during peak times we may not be able to accommodate all same day requests. Scheduling appointments allows us to limit the in office waits and limit your exposure to illnesses.

**Cancellation/No Show Policy-**

Failure to give 24 hour notice of cancellation of an appointment or no-showing an appointment will result in a charge of \$25.00. Insurance companies do not pay this fee it will be billed to your account. We will call you the day before to remind you of your appointment.

Please use 352-360-0654 for your calls; this is the only telephone line that is answered 24 hours a day

**Patient Confidentiality and Medical Records Fees**

- We protect your privacy information in compliance with state and federal laws and regulations. Please review our privacy notice posted in the waiting room. Copies of the policy are available upon request.
- You may get copies made of medical records upon request. We require a signed release and a fee is charged for copies. The fee is \$1.00 for the first 25 pages and \$0.25 each additional page. We have 7 working days to comply with a medical records request. We release only documents that originate in our office.

**Patients' Bill of Right and Responsibility**

- A copy of the Patients Rights and Responsibilities is available upon request in the office or on our office website.

**Insurance and Billing**

- **Payment is expected when services are** rendered and upon receipt of statement of account from our office.
  1. We have made prior arrangements with many insurance companies and other health plans to accept an assignment of benefits. We will bill them, and you are required to pay a co-payment and or payment due toward your deductibles and co-insurance at the time of your visit.
  2. CO-PAYS-are collected prior to you being seen. Patients who pay a co-insurance will make payment at checkout which are estimated from the actual visit level only and may not include payment for testing or other procedures performed. Additional payment may be due for these services once we receive notice from your insurer. Your insurer will notify you of your responsibility in an EXPLANATION OF BENEFITS (EOB) statement. Please read your EOB carefully.
  3. We may request payment of outstanding balances prior to you being seen even if you have not been mailed a statement.
- **Financial Responsibility**
  1. Keep in mind that your insurance policy is basically a contract between you and your insurance company. As a service to you, we will file your insurance claim if you assign the benefits to Steven A. Crews, DO, PA—in other words, if you agree to have your insurance company pay the doctor directly. If your insurance company does not pay the practice within a reasonable period (120 days from date of billing) we will have to look to you for payment. If we later receive a check from your insurer, we will refund any overpayment to you.
  2. We participate with a select number of Insurers and are participating Medicare Part B Providers. Contracts are subject to change without notice. We do not participate with all plans that those companies provide. It is your responsibility to keep your benefits information current and accurate. We verify insurance information before you are seen in order to allow us to determine your financial responsibility. Please notify us if you have a change of insurance coverage. If you have a change of insurance please allow for additional intake time at your next scheduled appointment so that we may update and verify your new policy.
  3. If you are insured by a plan that we do not have a prior arrangement with, we will prepare and send the claim for you on an unassigned basis. This means the insurer will send the payment directly to you. Therefore, our charges for your care are due at the time of service.
  4. Not all insurance plans cover all services. In the event your insurance plan determines a service to be "not covered," you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
  5. We will bill your insurance company for all services provided in the hospital. You are responsible for any balance due.
  6. We do not participate with discount card programs. We will be happy to provide you with a receipt or HCFA 1500 claim form.
- **Medical recommendations and your policy coverage**
  1. Your insurance policy spells out specifically what services your insurance carrier will cover (pay for) and you should understand your plan prior to seeking care.
  2. Payment decisions are made by your insurer and are based on your policy and may not be concordant with medical recommendations your doctor makes. We must provide care that is consistent with your individual needs and goals and any dispute about what services are covered or paid for are between you and your insurer. Our office complies with contractually regulated billing policies and procedures. Please ask the office for a fee schedule.
  3. Service cost vary and are based on standard visit coding which includes a number of elements such as the number of diagnosis addressed, testing required and complexity of decision making and associated work related to the visit being billed.
- **Additional Important Billing Information**
  1. Please notify you if you have a secondary or additional insurance coverage so that we may bill your secondary insurance if necessary.
  2. By signing in and consenting to care you understand that you are responsible for payment of non covered services.
  3. If you fail to provide us with accurate information before you are seen you may be responsible for payment of the visit.
  4. We reserve the right to charge late fees, collection fees and fees related to court costs for collection of payment due.. If your account is transferred to a collection agency additional fees may be added by the collection agency.
  5. Statements are mailed to your address of record. If you move or change address, please notify our office in writing at the above address. Failure to update your records may cause your account to be sent to collections due to non payment.

6. If your account is in arrears and we have sent you a statement we may additionally contact you by phone as a courtesy to notify you of your outstanding balance. Please avoid collection proceedings which may harm your credit by paying all statements promptly upon receipt.
7. If you have any questions regarding your bill please contact the office by phone or in writing. Our billing manager is available at extension 2. The best time to call is from 11am to 12noon and 3 pm to 5pm (Mon-Thurs)
8. We accept all forms of credit cards (American Express, Discover, Master Card and VISA). You may pay by phone or ask to complete a credit card form for automatic payment. Checks are processed via TELECHECK and will be electronically debited from your account. TELECHECKS will charge and process NSF as per policy. IF we are unable to process your check electronically we may ask for cash or credit payment prior to you being seen.
9. Refunds are processed within 30 days or receipt of notification of payment from your insurer. We will apply any refund amounts to outstanding balances prior to forwarding refunds.

**Prescriptions**

- Prescriptions are a professional service and as a part of your treatment plan. Ongoing medical evaluation of benefits and risks of each medication requires regular office visits. State law requires appropriate assessment and documentation of findings prior to writing of a prescription.
- It is important to notify us of all medications (prescriptions, over –the –counter, and herbal) that you are taking in order to avoid drug interactions. Please bring your all your medications to the visit so that we can avoid duplication of generic/brand medications, verify dose and coordinate refills with your visit. Medications are frequently changed or substituted by pharmacies and we need your help in preventing medication errors.
- Please request medication refills at your appointment. . Please call and schedule an appointment if you need a refill or change of medication. Medication refills are a predictable event. Please check your bottles and plan ahead.
- Please review your visit summary and prescriptions to make sure they accurately reflect your medication the way that you take them and that you have the requested prescriptions in hand prior to leaving the office. If you have any questions please ask our staff before you leave the office. If you need a 90 day mail order rather than the 30 day refill please let Dr. Crews know at each visit.

**Referrals and Preauthorization**

- Referrals require medical evaluation to confirm condition and appropriateness of referral. Please call and schedule an appointment. Referrals for routine GYN, Podiatric, Dermatologic and Chiropractic care are subject to state laws and limited visits may be obtained without referral. Please review your policy.
- We will forward a referral request via fax to the selected provider. If you have a preference for a specific specialist or require a specific hospital for care please notify our staff. When our staff schedules the referral appointment for you we will schedule the first available appointment for you. If you need to change your appointment please contact the specialist to change your appointment. Our office will provide you with a copy of the referral request with all pertinent information. Please verify provider participation with your insurance plan prior to being seen. Review your policy it clearly states that the patient should verify provider participation prior to being seen.
- Authorizations are frequently required for MRI, CT, PET, NUCLEAR IMAGING, certain injectable or high cost medications, hospitalizations and other outpatient procedures. We will call and get authorization as required by your insurer during your visit.. Such authorizations are not a guarantee of payment. Authorizations are based on INSURER guidelines for payment and may not be concordant with medical necessity as determined by Dr. Crews based on your healthcare needs. Benefits are subject to your deductibles and other policy restrictions. We reserve the right to charge administrative fees for obtaining such authorizations. You need to verify authorization has been obtained prior to undergoing testing ordered by other physicians.

**Office Testing**

- We draw blood in the office as staffing permits. There is a charge for phlebotomy and specimen processing. If you do not wish to pay the additional fee you may request an order and proceed to your participating laboratory for lab draw. Please make sure we are using the correct lab to process your laboratory specimen. If we have no working relationship with your preferred lab we will give you an order to take to the laboratory of choice.
- We have an established relationship with LABCORP and QUEST. It is important that you update your personal and insurance information prior to being seen. Our electronic medical record interfaces electronically and provides the information to the laboratory for billing purposes.
- Some laboratories do not bill your secondary insurance if it does not cross automatically. Please contact the billing laboratory if you have questions regarding your laboratory bill.

**Testing Results**

- We request that you schedule a follow up appointment to review results of your laboratory and diagnostic testing. It is not customary to provide laboratory request prior to your scheduled visit. We are required to provide diagnostic codes and medical necessity for laboratory testing. Dr. Crews may also require additional testing based on visit findings so we will continue to provide laboratory orders at visit.

**Advanced Directives and Organ Donation**

- We ask that you provide us with a copy of your advanced directives, health care surrogate form and or DO NOT RESUSITATE order. If you do not have one, please ask the staff for information or go to the following web address to download a copy for completion.
- [http://www.fdhc.state.fl.us/MCHQ/Health\\_Facility\\_Regulation/HC\\_Advance\\_Directives/docs/adv\\_dir.pdf](http://www.fdhc.state.fl.us/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf)
- [http://www.fdhc.state.fl.us/MCHQ/Health\\_Facility\\_Regulation/Organ\\_Donors/pdf/brochure\\_eng.pdf](http://www.fdhc.state.fl.us/MCHQ/Health_Facility_Regulation/Organ_Donors/pdf/brochure_eng.pdf)

**Other Important Information**

Please provide us with an emergency contact. An emergency contact is someone who does not live with you. If you reside in another location at any time please provide us with the alternate address and phone number. If you have any questions or comments, please do not hesitate to let us know.

Sincerely, Steven A. Crews, DO