



## OFFICE POLICIES AND PROCEDURES

### **Cancellation / No Show Policy**

At Georgia Nephrology, we do our best to schedule your appointment in a timely manner. We ask that you notify our office more than 24 hours prior to your scheduled appointment if you must cancel. It is our office policy to charge \$50 for a new patient and \$25 for established patients that no show for their appointment or do not provide more than 24 hours cancellation notice.

### **Arrival Time/ Late Policy**

We make every attempt to see you at your appointed time. To ensure that we run on time, we ask that new patients arrive 30 minutes and established patient arrive 15 minutes prior to appointment time. If you are running late we may need to reschedule your appointment. If your provider does agree to see you late, you will be handled as a work-in appointment and will be seen when the schedule allows so that other patients' appointments remain on time.

### **Patient Information/ Patient Portal**

In order to maintain accuracy in your patient record, we require that you give our office current information at every visit. This includes your name, changes to address or telephone number, changes to your insurance, changes in your health status, and information about other health services that you may have received. Our office uses a patient portal to enhance communication with our patients. At your visit, we will ensure that you have access to our portal. You may contact your doctor's medical assistant through the portal with health questions or medication refill requests. In addition, a summary of your visit and the results of any labs drawn in our office are available through the portal.

### **Insurance and Payments**

Georgia Nephrology will file claims with most insurance companies. We ask that you pay any and all required payments at the time of service. Required payments may include your copay or the full visit charge if you do not carry insurance. If you have an outstanding balance, our staff will notify you prior to your appointment. If your insurance company requires a referral for you to see us, we will attempt to obtain this referral prior to your visit. If your Primary Care Physician does not provide a referral, we will contact you for your assistance or to reschedule your appointment. If you have questions about what you will be expected to pay or whether a referral is needed, please contact our billing department prior to your appointment. We accept the following forms of payments: cash, check or credit card (including MasterCard, Visa, Discover, and American Express).

### **Medication Refill Policy**

We require that you bring all of your medications, including any over-the-counter medications, to your appointment. At your appointment, we will provide you with enough medication to last until your next appointment. If you need a refill between these visits, you must ask your pharmacist to submit an electronic refill request, or you may submit a request to our office through our patient portal (do not call for refills!). We will address refill requests within 48 hours. If you request or require an urgent refill (same day response), we will charge \$20 in advance to complete the refill. If you call after hours or on weekends, the on-call physician will only refill your prescription for up to 5 days. We will refill controlled medications only during appointments - no exceptions. If the medication you take requires renewal of a prior authorization, your refill may be delayed. Our office is not responsible for the timing of prior authorization approvals by your insurance company.

### **Family Medical Leave Act (FMLA) Forms**

If you have a FMLA form to be completed, please allow up to 10 working days for completion. Due to the complexity of these forms, we charge a fee of \$25 that must be paid prior to form completion. Georgia Nephrology does not complete long-term disability forms.

### **Refund Policy**

If you are due a refund on your account, and you have not received payment in a timely fashion, please call our billing department to assure that we have your account posted correctly.

I acknowledge receiving and reading this information: \_\_\_\_\_ Date: \_\_\_\_\_