

**ISLAND WOMEN'S CARE, LLC**  
**38 BLACKGUM RD SUITE D**  
**PAWLEYS ISLAND, SC 29585**

## **OFFICE POLICIES & PROCEDURES FOR OUR PATIENTS**

Thank you for choosing Island Women's Care, LLC. We realize that you have a choice in medical providers and are pleased that you have chosen to seek care with us. The staff at Island Women's Care, LLC strives to exceed expectations in care and service in order to make your experience with us as comfortable and stress-free as possible. Our goal is to provide quality medical care in a timely manner. In order to do so, we have implemented the following policies. These policies enable us to better utilize available appointments for our patients in need of medical care. Please feel free to contact our office if you have any questions regarding any of the following policies.

### **OFFICE HOURS:**

Our office is available Monday - Thursday 8:30am to 4:30pm and Fridays from 8:30am to 12pm, and may be reached at 843-235-1222. If you need an appointment, prescription refill or test results, please call during regular business hours. There may be circumstances beyond our control that force us to close the office during normal business hours. We will make every attempt to notify you of any such closure including telephone, email, website and other social media.

### **APPOINTMENTS:**

Island Women's Care, LLC is committed to providing quality care to our patients. To ensure timely continued care, we encourage patients to schedule appointments in advance of follow-up due dates. When calling for an appointment, please provide your name, date of birth, telephone number, chief complaint/reason for visit, as well as any updated contact or insurance information. While we strive to schedule appointments appropriately, emergencies can and do occur. For this reason, we kindly request your patience and understanding should an emergency arise and affect your appointment. To ensure quality care, Island Women's Care, LLC DOES NOT treat patients, via calling in prescriptions, that we have NOT seen. Follow up may be required to be scheduled after a test or procedure is performed. We encourage you to schedule appointments ahead of time for prescription, contraceptive and annual exams. All patients are expected to keep their scheduled appointments for treatment.

### **CANCELLATION POLICY:**

Island Women's Care, LLC requires a 24 business hour notice of cancellation if you are unable to keep your appointment. We are more likely to reallocate the time for another patient that is in need if we have this notice so we can serve needs in a timely fashion. You will be charged a NO SHOW FEE of \$35.00 (or \$50 if a scheduled procedure/ultrasound) if a 24 hour notice of cancellation is not given to us. All calls and emails are recorded and date and time stamped. In addition to charges, more than three (3) cancellations or reschedules by patient within any six (6) month period may result in discharge from the practice for failure to adhere to the physician plan of care. We cannot care for you if you do not come to your appointments.

### **NO SHOW POLICY:**

A "No Show" is missing an appointment without at least a 24 business hour notice to the provider's office. All calls and emails are recorded and date and time stamped. We require at least a 24 business hour notice of cancellation so that we have time to offer open appointments to other patients in need of an appointment. No Show appointments will be charged \$35.00 and NO Show scheduled procedures/ultrasounds will be charged \$50.00. In addition to the charge to the patient, more than three (3) "No Shows" within any given six (6) month period may result in discharge from the practice for failure to adhere to the physician plan of care. We cannot care for you if you do not come to your appointments.

UPDATED: 10/01/2020

**INSURANCE:**

Island Women's Care, LLC will bill your insurance according to our contracts with the insurance companies. It is your responsibility to give us the correct insurance information to bill your claims. We do not participate with Medicaid and will not bill either primary or secondary Medicaid claims. Insurance contracts mandate that we collect copays, coinsurances, and deductibles from patients. If you are in disagreement with what your insurance company is telling us to collect from you, please contact your insurance company. Please know your insurance benefits and notify our office of any insurance changes. We collect all copays for annual exam appointments. If your deductible has not been met and are being seen for a follow up, problem or procedure, we will collect the allowable office visit charge. If there is a patient refund due according to the insurance adjudication, refunds are processed no later than 30 days after the date of insurance posting as long as there are no other claims or other balances pending payment. We will bill a claim no more than 2 times regardless of reason of denial. Ultimately you are responsible for any balances unpaid after 60 days regardless of insurance billed or reason denied.

**PAYMENTS:**

Island Women's Care, LLC accepts cash, personal checks, MasterCard, Discover and Visa. Checks can be made payable to: Island Women's Care, LLC. It is the policy of Island Women's Care, LLC to make all reasonable attempts to collect outstanding balances including at least 3 statements, phone calls and collection letter. We offer installment agreements with a credit/debit card on file. Any breach of signed installment agreement will result in immediate discharge from the practice and/or immediate submission of account to third party collection agency. Any accounts over 90 days may be outsourced to a third party for collections and my result in discharge from the practice for failure to adhere to financial policy. All return checks will be notified by certified mail, are subject to a \$30.00 return check charge, and given ten days to resolve. All returned checks and fees will be turned over to the magistrate's office after 10 days.

**FORMS/LETTERS:**

We understand that you may need forms or letters to assist you with your healthcare needs. We are happy to entertain all requests for forms or letters; however, these can be time consuming and we do require at least 72 hours up to 7 days to complete and payment of \$25.00 fee before we can release. All completion of forms and letters are at the discretion of the physician and are not guaranteed to be accepted as medically necessary.

**MEDICAL RECORDS:**

Per HIPAA guidelines, copies of medical records must be requested in writing. To ensure your privacy, a form for release of information must be completed prior to receipt of these materials. All patients can request a copy of their medical records. Any requests from an outside party for patient records must be approved in writing and signed by the patient or power of attorney for the patient. All medical record requests will be billed and released within 30 days in accordance with SC Medical Records Law and must be paid prior to release of records.

**PRESCRIPTION REFILLS:**

Island Women's Care, LLC encourages patients to request refills during scheduled appointments. If you are requesting a prescription or a refill outside of your appointment, there will be a \$25.00 charge per prescription. All controlled substances require approval from physician, a signed controlled substance policy by the patient, and must be picked up at our office if not addressed during your appointment. There is a \$25.00 fee for any controlled substance prescribed outside of your appointment date/time and we are mandated by the State to check the SC STATE REGISTRY and chart results each time we prescribe a controlled substance. Please allow up to 72 hours to complete your request.

If you would like a copy of our Notice of Privacy Practices, please go on our website [islandwomenscare.com](http://islandwomenscare.com).

**UPDATED 10/01/2020**

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**INSURANCE COVERAGE / PAYMENT POLICY**

Prior to your appointment, we will verify your insurance and benefits. Please be prepared to pay any copays, coinsurance, and/or deductibles that have not been met. We DO collect copays, if applicable, at every visit regardless of reason. If your claim is paid in full by your insurance carrier, then you will be refunded within 30 days of insurance adjudication of claim. We want your visit to be as comfortable as possible and all financial matters understood PRIOR to your visit so that your care is the priority at your visit. IF you are unsure about your insurance plan or benefits, please contact your plan or Plan Administrator.

**DEDUCTIBLE:**

A set amount that you must meet before your insurance plan contributes to any expenses.

**OUT-OF-POCKET (CO-INSURANCE)**

A set amount that you must meet via a percentage of each visit or allowable before the insurance plan contributes 100%.

EX: \$5500 out of pocket at 30% (Meaning you must pay 30% of all expenses until that totals \$5500 before your plan will pay 100% of claim)

**COPAY:**

A set amount that you must pay each time you visit a provider, lab or other healthcare provide.  
Ex: \$30.00 for primary care visit, \$50.00 for specialty visit, \$50.00 for ER visit.

Your insurance may or may not cover your visit with ISLAND WOMEN'S CARE, LLC. We collect all copays, coinsurances, and deductibles when you check in prior to seeing your physician as we do not know what will be addressed and documented by the physician during your encounter. Annual gynecological exams include preventative services only. Anything other than preventative services addressed during your encounter will be coded in place of, or in addition to, your annual exam.

In lieu of a credit card on file, we request that you pay in advance for estimated charges for services scheduled.

BC/BS State Health Plan nor Medicare Part B cover annual gynecological exams.

We make every reasonable attempt to collect from insurance but ultimately the patient is responsible for all balances regardless of reason of insurance denial.

## Patient Financial Agreement

### **PLEASE READ THOROUGHLY:**

**In consideration of receiving services from Island Women's care, LLC you agree:**

All services are provided to you with the understanding that **YOU ARE ULTIMATELY** responsible for the cost regardless of your insurance coverage. If you would like to know the cost of a service, please inquire prior to treatment. Please be aware that not all services are a covered benefit with all insurance companies. **You are responsible for knowing what services are and are not covered with your insurance plan. EVERY INSURANCE PLAN IS DIFFERENT, PLEASE KNOW YOUR BENEFITS.**

Your insurance policy is a contract between **you (your employer) and your insurance**. We are NOT a party in that contract and CANNOT influence what services your insurance plan will or will not cover.

**Change of Insurance:** If your insurance changes, **IT IS YOUR RESPONSIBILITY TO NOTIFY OUR OFFICE** and to make sure your new insurance plan participates with Island Women's Care. You should bring your insurance cards to all doctors' visits. If your claim is denied due to incorrect insurance provided, you will be responsible for all charges.

**Covered physicians under your plan:** It is YOUR responsibility to know if your insurance will cover the cost of you seeing one of our physicians. Please ask your insurance prior to being seen if Island Women's Care is a covered provider. Also, feel free to check with our billing department to see if we participate with your insurance plan.

**Referrals:** You are responsible for knowing if your insurance requires a referral to be seen by a specialist and for obtaining such referrals from your Primary Care Physician.

**Cancellations and No Shows:** If you habitually cancel appointments the day of service or "no show" to multiple visits, you may be discharged from the clinic. Unfortunately, when a patient does not show up for an appointment, another patient loses an opportunity to be seen.

**Completion of Forms:** If you require forms to be completed for school, work, or legal purposes there is a fee. This fee pays for the physician's time to perform a chart review and fill out the appropriate paperwork. Please see the front desk for pricing.

**Medical Records:** As a patient of Island Women's Care you have a right to a copy of your medical records. A fee may apply if you require a large volume of copies or notes. Please see front desk for pricing.

**Check-In:** We will collect your co-pay, deductible and payment for uncovered services as well as the patients portion to be determined by insurance. We accept cash, check and credit cards.

**Office Labs:** In house and outsourced labs are processed through LabCorp and/or Pee Dee Pathology. We do not participate in any of the billing process for LabCorp or Pee Dee Pathology and are therefore not able to communicate on any bills received from them. If you have questions regarding your LabCorp or Pee Dee Pathology bill, please contact LabCorp or Pee Dee Pathology. If

your insurance has restrictions on where you are “allowed” to have your blood drawn, it is your responsibility to know these restrictions. Please inform your doctor and they will provide you with a lab order to have your blood work done elsewhere.

**Billing Your Insurance:** We will bill your PRIMARY insurance for your claim. We will also bill your SECONDARY insurance company once as a courtesy. However, you are still ultimately responsible for payment of all services. If your PRIMARY insurance company does not respond within 30 days, we will follow up with an inquiry on your behalf. It is then your responsibility to call your insurance to inquire why the claim is not being covered. Please let us know if we can be of any assistance if this occurs. **We do not file to a third insurance company.**

**Workman’s Comp/Auto Insurance Claims:** Our office will not participate with Workman’s Comp/Auto Insurance claims. We would gladly see you as a self-pay patient. We will provide you with any receipts and/or claims for services rendered in our office for you to forward to the proper parties. All payment will be collected at our self-pay rate at time of service.

**Unpaid Charges:** Any unpaid charges over 90 days old may be turned over to an outside collections’ agency with additional collection fee. You are responsible for any collection fees, legal fees or court cost incurred in the collections process. If you are having financial difficulties and are unable to pay your bills, please contact our office PRIOR to this 90-day period to set up a payment plan. In addition to reporting to a collection agency, you may be discharged from the practice due to breach of financial policy.

**Patients Without Insurance:** As a courtesy to our patients who do not have health insurance coverage, we offer a discount only if services are paid in full at the time of service. We do not offer a discount on accounts that already carry a balance.

**Billing Questions:** Our physicians do not participate in the billing process and are therefore not able to answer any questions regarding claims. If you have a billing question, please feel free to contact our billing department at (854-223-4831). They will be happy to assist you.

**Returned Checks:** All returned checks are subject to a \$25.00 return check fee and will require that future payments are made by cash, cashier’s check, or credit card.

**Assignment And Release:** I authorize benefits to be made to Island Women’s Care. I understand that I will be responsible for payment of any services that are not covered by my insurance, including co-pays, co-insurances, and/or deductibles. I hereby authorize my physician to release to my insurance company whatever information is required for processing of a claim(s) for services rendered. **I understand that the contract with my insurance company is between my insurance company and I, not Island Women’s Care and I.**

**Revised 3/18/2024**

## **NOTICE OF PRIVACY PRACTICES**

### **ISLAND WOMENS CARE, LCC**

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

#### **Understanding your protected Health Information (PHI)**

Each time you visit Island Womens Care, LLC, a record of your visit is made. We are legally required to protect the privacy of this record containing your PHI. We collect or receive this information about your past, present, or future health condition to provide health care to you, to receive payment for this health care, or to operate the clinic.

#### **HOW WE MAY USE AND RELEASE YOUR PROTECTED HEALTH INFORMATION (PHI)**

- A. The following does NOT require your authorization, except where required by SC law:**
- 1-For treatment.** Your PHI may be discussed by caregivers to determine your plan of care. The physician, medical assistants and other health care professional may share PHI in order to coordinate the services you may need.
  - 2-To obtain payment.** We may use and disclose PHI to obtain payment for our services from you, an insurance company, or a third party.
  - 3-For health care operations.** We may use and disclose PHI for clinic operations. For example, we may use the information to review our treatment and services to evaluate the performance of our staff in caring for you.
  - 4-For public health activities.** We report to public health authorities, as required by law, information regarding births, deaths, various diseases, adverse reactions to medications and medical devices, or immunizations.
  - 5- Victims of abuse, neglect, domestic violence.** Your PHI may be released, as required by law, to the South Carolina Department of Social Services when cases of abuse and neglect are suspected.
  - 6- Health oversight activities.** We will release information for federal or state audits, civil, administrative or criminal investigations, inspections, licensure, or disciplinary actions, as required by law.
  - 7- Judicial and administrative proceedings.** Your PHI may be released in response to a subpoena or court order.
  - 8- Law Enforcement or national security purposes.**
  - 9- Research.** We may use your PHI if the Institutional Review Board (IRB) for research reviews, approves and establishes safeguards to ensure privacy.
  - 10- To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may release limited information to law enforcement personnel or persons able to prevent or lessen such a harm.
  - 11- For Workers Compensation.** We may release your PHI to comply with workers compensation laws.



**12- Marketing.** We may send you information on the latest treatment, support groups and other resources affecting your health.

**13- Appointment Reminders and health related benefits and services.** We may contact you with a reminder that you have an appointment.

**B. You MAY object to the following uses of PHI:**

1- **Information shared with family, friends, or others.** Unless you object, we may release your PHI to a family member, friend, or other person involved with your care or the payment for your care.

**C. Your prior written authorization is required (to release your PHI) in the following situations:**

- 1- Any uses or disclosures beyond treatment, payment, or healthcare operations and not specified in parts A&B above.
- 2- Psychotherapy notes.

#### **WHAT RIGHTS YOU HAVE REGARDING YOUR PHI**

Although your health record is the physical property of Island Womens Care, LLC, the information belongs to you, and you have the following rights with respect to your PHI:

- 1- **THE RIGHT TO Request Limits on How We Use and Release your PHI.** You have the right to ask that we limit how we use and release your PHI. We will consider your request, but we are not always legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. Your request **MUST** be in writing and state: (1) The information you want to limit, (2) whether you want to limit or our use, disclosure, or both(3)to whom you want the limits to apply, for example, disclosures to your spouse; and (4) an expiration date.
- 2- **THE RIGHT TO Choose How We Communicate PHI With You.** You have the right to request that we communicate with you about PHI in a certain way or at a certain location (for example, sending information to your work address rather than your home address). You must make your request in writing and specify how and where you wish to be contacted.
- 3- **THE RIGHT to SEE and Get Copies of Your PHI.** You have the right to inspect and receive a copy of your PHI, which is contained in a designated record set that may be used to make decisions about your care. You **MUST** submit your request in writing. If you request a copy of this information, we may charge a fee for copying, mailing or other costs associated with your request. We may deny your request to inspect and receive a copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed.
- 4- **THE RIGHT to Get a List of Instances of When and Whom We Have Disclosed Your PHI.** The list may not include uses such as those made for treatment, payment, or health care operations, directly to you, to your family, as described above in this Notice of Privacy Practices.
- 5- **The Right to Amend Your PHI.** If you believe there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we amend the existing information or add the missing information. You **MUST** provide the request, and your reason for the request, in writing. We may deny your request in writing if the PHI is correct and complete

or if it originated in another facility's record, that is, the information was not originated from one of our providers.

- 6- **The Right to Receive a Paper or Electronic Copy of This Notice.** You may ask us to give you a copy of this Notice at any time. For the above requests (and to receive forms) please contact: Medical Records, Attention: **Release of Information / PO Box 1855 / Pawley's Island / SC / 29585.**
- 7- **The Right to Revoke an Authorization.** If you choose to sign an authorization to release your PHI, you can later revoke that authorization in writing. This revocation will stop any future release of your health information except as allowed or required by law. No reversal of revocation will be allowed without your written request except as allowed or required by law.

#### **HOW TO COMPLAIN ABOUT OUR PRIVACY NOTICES**

If you think your privacy rights may have been violated, or you disagree with a decision we made about access to your PHI, you may file a written complaint with the office and mail to: ATTN: Compliance Officer, PO Box 1855 / Pawley's Island, SC 29585.) **PLEASE BE ASSURED THAT YOU WILL NOT BE PENALIZED AND THERE WILL BE NO RETALIATION FOR VOICING A CONCERN OR FILING A COMPLAINT. WE ARE COMMITTED TO THE DELIVERY OF QUALITY, PERSONALIZED HEALTH CARE IN A CONFIDENTIAL AND PRIVATE ENVIRONMENT.**

#### **Changes to this NOTICE**

**We reserve the right to change the terms of this Notice at any time. We also reserve the right to make the revised or changed Notice effective for existing as well as future PHI. This Notice will always contain the effective date. You may be given an updated Notice and asked to sign that you have received it.**

#### **PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you have any questions about this Notice or any complaints about our privacy practices, please call the Practice Administrator (843)235-1222 Ext: 202, or contact in writing to: (Attn: Practice Administrator / PO Box 1855 / Pawley's Island, SC 29585. You may also send a written complaint to the Office of Civil Rights. The address will be provided at your request.

#### **EFFECTIVE DATE OF THIS NOTICE**

This Notice went into effect April 20, 2016.



# Island Women's Care, LLC

## Patient Code of Conduct

### Patient/Visitor Code of Conduct

To provide a safe and healthy environment for our patients, staff, and visitors, Island Women's Care expects visitors/patients to refrain from unacceptable behaviors that are disruptive or pose a threat to the rights or safety of other patients and staff.

As a patient visiting our practice, we expect the patient to:

- Provide the most accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to the patient's health.
- Report unexpected changes in condition to the responsible provider.
- Follow the treatment plan that you developed in collaboration with your provider based on your personal goals and values. This may include following the instructions of nurses and allied health personnel.
- Let our staff know when you don't understand the treatment plan or what is expected of you.
- Keep appointments as scheduled or contact the practice at least 24 hours prior to that appointment to cancel or reschedule.
- Be responsible for your own actions and the consequences of those actions. If you refuse treatment or do not follow the provider's instructions, outcomes may be sub-optimal.
- Meet your financial obligation to the practice and if you have concerns about doing so, let us know in advance of the appointment by contacting one of our financial representatives at 854-223-4831
- Abide by any practice or public health and safety policies or regulations, such as not smoking or wearing a mask.
- Refrain from possession and/or use of non-prescribed drugs or alcoholic beverages.
- Contact our Director of Operations or Site Supervisor before leaving our office if you are not happy with the care or any of the services that you have received so we can address your concerns in real-time.
- Be courteous with the use of your cell phone and other electronic devices. When interacting with any of our staff, please put your devices away unless agreed upon by you and the provider to necessitate care.
- Supervise any underage children accompanying you.

The following behaviors are prohibited and/or may be grounds for discharge from the practice:

- Possessing firearms or any weapon.
- Intimidating, harassing, physically assaulting, or threatening staff or other patients.
- Making threats of violence through phone calls, letters, voicemail, email, or other forms of written, verbal, or electronic communication.
- Damaging business equipment or property.
- Making menacing or derogatory gestures.
- Making racial, cultural, or sexual slurs or other derogatory remarks.
- Repeatedly missing your scheduled appointments without notifying the practice. More than 3 no-shows will put you at risk.
- Refusing to follow the provider's treatment plan or instructions for a high-risk diagnosis.

As a patient, if you are subjected to any of these behaviors or witness inappropriate behavior, please report it to any Violators are subject to removal from the facility and/or discharge from the practice.