

Dr. John M. Henderson DO PC

2024 Office Policy Letter

1. OFFICE/PHONE HOURS

- The office is open Monday through Thursday from 8:30 am to 4:30 pm.
- Closed for lunch from 11:30 am to 12:30 pm.
- Phones are open from 9:00 am to 11:00 am, then 1:00 pm to 4:30 pm.

2. CLINIC/APPOINTMENT TIMES

- Monday and Tuesday scheduled appointments are 8:30 am to 10:15 am, then 12:30 pm to 2:30 pm. In 15-minute increments.
- Wednesday and Thursday scheduled appointments are 8:30 am to 10:30 am. 15-minute increments.
- All patients will be seen according to their scheduled appointment time.
- You will be considered late once the scheduled time has passed. There is no penalty, but you will be slotted in after the current time slot patients have been called back.

3. WELL VISITS (AWV / MEDICARE ADVANTAGE / COMMERCIAL)

- Well-Visits are scheduled once per calendar year, with Medicare patients having to schedule at least eleven months apart.
 - a. Well-Visits must be scheduled in advance. You will no longer be able to change the appointment type on the same day.
 - b. Lab orders are created and signed at the visits prior, so if they are to be billed as wellness labs you will need to notify clinical staff at that time. You also have the option to notify the lab technician during your lab appointment that they need to be billed as wellness labs.
- Annual Well Visits are different than your normal routine appointments. Only certain items are covered and/or discussed. If anything other than what's covered in the well visit is done an additional E/M code will be billed along with the appropriate well visit code.
 - a. You will be notified of this during checkout.
 - b. You will be responsible for any assigned deductible or copay for the additional E/M visit.

4. INSURANCE/DEMOGRAPHICS CHANGES

- It is the patient's responsibility to provide any new insurance information during check-in. The front desk will try to verify at every visit but will not be held responsible if you fail to provide your new information.
- Our office will bill all provided insurance plans for you.

5. CREDIT CARDS ON FILE

- We will now offer the ability to have a credit card on file.
- You will have to sign the separate credit card agreement sheet.
- You will have the ability to determine the maximum amount billed per month.

6. CANCELLATIONS / NO SHOW FEES

- There will be a **\$60** No call/No Show fee. Automatically applied to your account by close of business that same day.
- There will be a **\$35** dollar same-day cancellation/reschedule fee. Automatically applied to your account by close of business that same day.

- You must cancel or reschedule your appointment 24 hours prior.
 - a. The new automatic appointment reminder system will contact patients twice now. Once seven days prior to the appointment. Then two days prior to the appointment. Regardless of weekends or closures, it will call those two times. You are still responsible for cancelling the appointment 24 hours prior.
 - b. You will also have the ability to send a message through your patient portal to cancel your appointment. Any cancellations request sent through the portal will be handled based on the timestamp of the message.
 - c. Reminders are considered a courtesy, and missing reminders will not absolve you of any fees incurred.
- We understand that situations arise, and that patients will need to reschedule appointments at times. BUT to be considered a “current” patient, you must have seen the doctor within one calendar year. If you pass the one-year mark, you can no longer receive care over the phone. You will be required to schedule the first available appointment with the doctor.
 - a. Which is why we recommend rescheduling instead of cancelling.

7. RECORDS REQUESTS

- All patients will be required to log into their patient portal to view and print individual results, scans, and/or notes. Unless in the office for an appointment.
- If you cannot or will not use the portal, there will be a \$10 fee per item requested. For any records prior to 2022, you may need to call the office to make them viewable in your patient portal. Unfortunately, older items must be made “viewable” individually.
- If you are changing doctors, their office can fax a signed request to our office. We will send your complete record at no charge.
- If you wish to pick up a **complete PAPER copy** of your records, there will be a **\$65 fee**.
- If you wish to pick up a **complete DIGITAL copy** of your records, there will be a **\$15 fee**.

8. PHARMACY CHANGES

- If a patient wants to change their pharmacy, they will have a few options.
 - a. Same company, switching locations: new location can contact the old to have them transferred.
 - b. If they are switching to a new pharmacy, there are two options:
 - i. Remaining refills – The new pharmacy can transfer the prescription for the patient.
 - ii. No refills remaining – The patient will have to contact our office to send a new script.
 - c. **Controlled prescriptions**
 - i. To switch their controlled prescriptions, they will have to contact our office.
 - ii. They can only switch when the renewal is due, or later.
 - iii. It is their responsibility to request the transfer in time.
 - iv. They will only be authorized to change pharmacies 1 time per year.
 - v. They will only be authorized to switch to an **EPCS** capable pharmacy.
- We will not automatically send prescriptions to a new pharmacy when a faxed request is received. For example, when a patient changes insurances to Humana, Humana will fax a request for all of their medications to be sent to their mail order pharmacy. We do not automatically send those. There have been too many instances where the patient has been upset when they didn’t want to switch.
 - We will require authorization from the patient prior to making any pharmacy changes.
- CHAMPVA/MACH may have their own rules so you will need to verify with them.
- **In 2024 we will be strictly enforcing the prescription transfer rules.** The insurance companies monitor prescription adherence by tracking your prescriptions. When we send a new prescription instead of you transferring them, it raises red flags with the payors that then causes issues for Dr. Henderson. In an effort to adhere to their requirements we will now require you to handle your transfers.

9. PRESCRIPTION RENEWALS

- ALL prescriptions renewals will be done electronically.
 - a. For non-controlled maintenance medications, you can request them through your pharmacy, or through your patient portal. By selecting the request renewal option.
 - b. ALL controlled medications must be requested electronically through your pharmacy. You cannot use the patient portal for controlled medications.
- We will no longer accept phone, fax, or email renewal requests with very few exceptions.
- The patient will be responsible for initiating the renewal request.
- ChampVA and Martin Army pharmacy are still incapable of electronic renewal requests. They are the exception.
- If your pharmacy is incapable of figuring out the renewal, we suggest switching to another location.
 - a. See transfer instructions for switching pharmacies.
- **NEW in 2024: If you repeatedly cancel or reschedule your appointment(s) after your prescriptions are renewed the following policy will apply:**
 - a. First offense: This is a freebie. We understand that issues will arise from time to time. But you will still need to keep an appointment on the schedule.
 - b. Second offense: Your prescriptions will be changed to coincide with your appointments. No refills will be given, and you will have to be seen to have your renewal sent.
 - c. Third offense: You may be dismissed from the practice for non-compliance.
- **New in 2024: We will no longer automatically reply to correspondence from pharmacies, out of town prescription supply companies, or medical device companies through the fax.**
 - a. There have been way too many attempts by fake companies trying to get access to patient data.
 - b. In an attempt to comply with HIPAA Security policies, we will require confirmation from our actual patients or their designated caretaker prior to sending any protected information.
 - c. We will not fax any signed orders for unknown out-of-town vendors regardless of patient authorization. If the patient insists on sending the order we will hand it to the patient or their caretaker to handle coordinating with the vendor.

I understand that this may be an inconvenience, but these vendors promise the devices/prescriptions will be covered, then the patient ends up owing possibly thousands of dollars to an out-of-network company with no recourse.

10. PRESCRIPTION PRIOR-AUTHORIZATIONS

- If a medication that was prescribed isn't covered by your insurance, you will have a few different options.
 - a. You can pay the increased out of pocket expense.
 - b. You can ask the pharmacist what your insurance will cover that is equivalent.
 - c. If they can't answer, you can call your insurance company to see what equivalent medication they will cover ("On-Formulary")
Any one of these steps will allow you to be prescribed a covered alternative at no charge.
 - d. If you insist on the medication requiring the Prior-Authorization, there will be up to a \$25 fee. The fee will be automatically billed to your account once the request is submitted.
 - We do not guarantee approval when submitted.
 - e. Once the PA has been submitted, and an approval received, a copy will be placed in your chart. Our office will contact you to let you know it has been approved, you will need to contact the pharmacy to rerun the Rx.
- **New in 2024:** We will no longer attempt to do a prior authorization for test strips when it pertains to the quantity of strips, and the number of times the patient tests daily. You will need to test however often your insurance company has authorized.

11. CONTROLLED MEDICATIONS AGREEMENT

- Anyone receiving a controlled medication prescription from our office will be required to sign the controlled medications agreement. This includes the Phentermine medication (Adipex & Fastin)
- The agreement can be changed at any time to abide by current state and federal regulations governing the prescribing of controlled medications.
- If a change is made you will be notified by our office as soon as possible, but no later than your next appointment.

12. SELF PAY LAB TESTING

- Self-Pay patients that require blood work can utilize the Client-Bill program that our office has with Quest Diagnostics.
- For any lab tests that Dr. Henderson orders, you can have them drawn in-office by the Quest phlebotomist for no upfront costs.
- You will receive a good faith estimate up front outlining the total cost of all tests ordered.
- Once the tests have been drawn our office will receive a monthly invoice.
- Dr. Henderson will pay the invoice, then charge the total amount for your tests to your account. You will receive a statement.
- The tests are significantly cheaper than if you were to pay yourself, and you don't have to pay up front.
- If you are doing a drug screen, please keep in mind for every "drug" that they find in your specimen you will be charged for the confirmation. **If we are testing for Adderall, and they find marijuana in your sample, you will be responsible for both confirmations for an additional charge for the marijuana that will not be reflected on your good faith estimate.**

13. PAPERWORK REQUESTS

- All paperwork requests must be approved by the physician or nurse.
- You will be notified within three business days whether the paperwork will be completed, and what the fee for completion will be.
- Paperwork requests will have a quoted **15 business day** turnaround time. Every attempt will be made to complete it sooner, but there are no guarantees.
- See the fee schedule for updated rates.
- ****New for 2024** – For initial/first time completion of FMLA, Long Term Disability, Short Term Disability, and any other out of work packets, patients will need a visit with the doctor.
 - a. This applies to the first time the patient has to apply for the benefit, as well as if it's the first time Dr. Henderson has completed the paperwork.
 - b. He will sit down with you and determine what exactly he is willing to attest to. Then the packet will be completed, and submitted while you are at the visit.
 - c. Any subsequent renewals for the same request can be completed without a face-to-face visit.
 - d. If you do not have the paperwork on hand, you will have to return for another visit to review the packet, regardless of how recent your other visit was.
 - e. There will be no fee for the paperwork when done at the initial visit. Renewals will still have a fee assessed based on the paperwork needed.
 - f. The visit requirement does not apply to health screening forms, diabetic shoe forms, physician letter requests, etc.

14. PHYSICIAN MESSAGES

- **In 2024, we will no longer be able to practice medicine over the phone in many cases. If you have a new issue, or an acute problem, and there is an available appointment slot, you will need to see the doctor. This will still depend on the next available appointment slots relative to the severity of your symptoms/issues.**
- Messages to the doctor will have a 1-3 business day turnaround based on their complexity.
- There are certain cases where a message is insufficient, and you may be required to see the doctor. A staff member will advise you and schedule the appointment with you at that time.
 - a. If you haven't been seen face to face by the doctor in over six months, and it's not a previously diagnosed issue, he cannot treat you over the phone. You will need to schedule an appointment.

- Or seek an urgent care or the ER.
- b. You will need to have an appointment on file to submit a message.
- All medical care needs to be handled through the office.
 - a. If you contact the doctor outside of the office during normal business hours, you may be assessed a **\$25 fee**. Also, we cannot guarantee your issue will be handled in a timely manner. The doctor is a very busy person and may forget to advise the staff about your conversation. Or he may interpret your discussion as a casual conversation only, and not pass it on the Sarah or Tony.
 - This includes calling the office number after hours and pressing “1” to call through to the doctor.
 - This does not apply to casual conversations in public. Whether that’s at sporting events, the grocery store, etc. Dr. Henderson enjoys talking with every one of his patients.
 - If you do speak outside of the office, please contact the office to give Sarah and Tony a heads-up to ask Dr. Henderson for all of the information needed.
 - Please do not contact the office staff outside of the office setting.

15. OFFICE CHAPERONE POLICY

- Dr. Henderson reserves the right to have a chaperone in the visit with a patient if he feels it is necessary.
 - a. The chaperone will be of the same biological gender of the patient.
 - b. If the patient refuses, the doctor reserves the right to terminate the visit if he deems it necessary.
- Dr. Henderson also extends the right to a chaperone to the patient.
 - a. The patient can have up to two other persons in the room during their visit.
 - b. It can be a person of their choosing, or a member of our staff of their choosing.
- Dr. Henderson is a preceptor for local medical schools, and generally will use the medical student as his acting chaperone. Patients will have the right to request the student stay out of the room, but in keeping with the chaperone policy Dr. Henderson reserves the right to select a different staff member to accommodate.

16. PAYMENT PLANS

- We understand that our patients come from all different backgrounds and financial situations. Dr. Henderson understands this and has enacted a policy to allow patients to continue receiving care, while working to take care of the balances due. Part of our contractual agreements with the different insurance carriers require us to bill patients pursuant to our contractual agreements. Meaning if you have a copay or coinsurance, we must bill for it. To handle this, we have payment plans available.
 - a. Plans are billed monthly and mailed with regular statements.
 - If a payment hasn’t been made within 30 days.
 - b. You will be required to sign an agreement to pay the agreed upon amount each month. Due on the 15th of each month.
 - If you cannot make the payment, you must contact the office.
 - If a payment is missed with no contact, the 30-day payment request letter will be sent, and the entire amount will be due.
 - c. Although there isn’t a set minimum amount, you will have to pay enough monthly to keep the overdue balance total from increasing with additional appointments.
 - The amount will be designated in the payment plan documentation.
 - We do not charge interest on your remaining balance.
 - d. You will still have to follow established appointment intervals, based on your personal medical situation. For example, patients on controlled prescriptions regardless of your payment plan. Meaning, you can’t skip appointments to avoid paying the balance and still receive medical care. See the above section on “current patient” requirements.
 - e. If you fail to follow the payment plan you will be notified in writing with a 30-day soft collection letter.
 - f. If you fail to communicate with the office in those thirty days, you will be sent a 15-day collection letter.

- g. At the end of the 15-day period, if you fail to communicate with the office to address your balance you will be dismissed from the practice, and your balance will be sent to collections.
- h. **New for 2024** If for any reason you miss a monthly payment and the billing staff have to initiate the collection process, in order to stay on the plan, you will have to place a credit card on file. This will ensure you do not miss any more payments. If you decline you will have to settle the entire debt amount to avoid being sent to collections.

17. COLLECTIONS

- In today’s economic climate we have chosen to contract with an outside collections firm.
- If your account is sent to collections, you will be contacted by **SUMMIT COLLECTIONS**
- Once the account is in collections you will have to coordinate Summit for any payments.
- **New for 2024** Patients that are sent to collections will be dismissed from the practice, and not be allowed to return to the practice once the balance is paid in full. This will be strictly enforced.
 - a. **Part of the dismissal process is to send a letter by certified mail to your address on file. The postage cost for the certified letter will be added to your final balance that is transferred to the collections company.**

18. DISMISSALS

- If you are dismissed from the practice, the following things will happen.
 - a. You will receive a certified letter advising you of the dismissal.
 - b. We will ensure you have at least a sixty-day supply of all maintenance life sustaining medications.
 - c. You will be allowed to pick up your records in person for a 65-dollar fee -or- we can send your complete records to your new primary care doctor for free. With a signed records release.

19. FEE SCHEDULE

1. New Patient – Self Pay	\$130.00
2. Established Patient – Self Pay	\$110.00
3. Self-Pay “Follow-Up” Visit	\$80.00
4. Weight Program (Self-Pay)	\$35.00
5. Phentermine (Adipex/Fastin) #30	\$40.00
6. Phentermine (Adipex/Fastin) #60	\$80.00
7. Injection - Lipo	\$20.00
8. Prior Authorizations (Up to..)	\$25.00
9. No Show Fee	\$60.00
10. Same Day Reschedule	\$35.00
11. Self-Pay Bloodwork	Varies
12. Self-Pay Urine Drug Screen	\$70.00
13. UDS Confirmations (per Test)	Varies
14. FMLA Packet	\$25.00
15. Physician’s Letter	\$15.00
16. GA Handicapped Placard Application Form	\$5.00
17. After-hours Call Through to Doctor or Staff	\$25.00
18. Returned Check Fee	\$40.00
19. Individual records item request	\$10.00
a. Print from PT Portal is free	\$00.00
20. Complete Medical Record (Direct to PT)[PAPER]	\$65.00
21. Complete Medical Record (Direct to PT)[DIGITAL]	\$15.00
a. Direct to new physician is free	\$00.00

APPOINTMENT TYPES

- **ACUTE PROBLEM:** Scheduled for any new issue, or issues that cannot be handled over the phone between routine appointments.
- **AWV – COMMERCIAL:** A stand-alone appointment type consisting of three subcategories. Done once per calendar year and require a specific type of visit with certain metrics that need to be hit.
- **AWV – MA:** This is the Medicare Advantage one. A stand-alone appointment type consisting of three subcategories. Done once per calendar year and require a specific type of visit with certain metrics that need to be hit.
- **AWV – MEDICARE:** Red White and Blue Medicare only. A stand-alone appointment type consisting of three subcategories. Done once per calendar year and require a specific type of visit with certain metrics that need to be hit.
- **WELCOME TO MEDICARE:** A once per lifetime visit, in the first 12 months of enrollment in regular Medicare.
- **FOLLOW UP:** Scheduled from an in-office visit (or telemedicine visit) for any issue requiring the patient to return earlier than the care plan interval. Not specified for a different appointment type.
- **FOLLOW UP – TESTING:** Used when an in-office test is ordered. Scheduled at the same time as the TESTING appointment, or if that appointment was previously cancelled.
- **FOLLOW UP C-PAP:** Used to follow a patient’s progress with their C-Pap. Required for all patients where we ordered a C-Pap following a Sleep Study.
- **FOLLOW UP SLEEP-STUDY:** Used to review a sleep study that was ordered by the doctor, and document the diagnosis of Sleep Apnea. Will also document the need for the machine and send the order to DME.
- **INJECTION – LIPO:** For the weight loss injections administered by the clinical assistant or the nurse.
- **NEW PATIENT:** Used for any patient that’s never been seen, or a previous patient not seen in over three years.
- **NURSE VISIT:** A catch-all visit for any time clinical staff will see a patient but the doctor won’t. Other than the injections. An example would be if a patient needs help administering a continuous glucose meter for the first time. A staff member can help with that.
- **RE-ESTABLISH PCP:** Used for patients that haven’t been seen in over a year, where the routine wasn’t just rescheduled more than the year limit.
- **ROUTINE APPOINTMENT:** The appointment that will be used for the care plan interval. Covering all current and chronic diagnoses and their care.
- **ROUTINE – CSA:** When a patient is prescribed a controlled substance (Sched I-V), they are required to see the doctor face to face every 90 days. If their medical conditions do not require a 3-month care plan interval then we will schedule the CSA visit. To meet state and federal visit requirements.
- **SURG CLEARANCE:** Used any time a surgical clearance requires a visit with the doctor.
- **TCM VISIT – ER/URG CARE:** Any time a patient is seen in the ER or an Urgent Care, but not admitted to the hospital.
- **TCM VISIT – HOSPITAL:** Following any hospital admission.
- **TELEMEDICINE:** Can be used for certain appointment types to allow the patient to be seen without an in-office visit. Subject to patients’ insurance approval.
- **TESTING:** Used for in-office testing procedures.
- **WEIGHT – INITIAL:** For persons that aren’t primary care patients but need medically monitored weight loss treatment.
- **WEIGHT – RE EVAL:** Any weight program appointment following the initial visit. Every 90 days
- **WEIGHT – RX PICKUP:** Non-billable appointment used for patients to schedule their Rx pickups.
- **WORK IN:** Any appointment scheduled for the same day or scheduled last minute on the day prior to today’s appointment.
- **WORKERS COMP:** Only used for Workman’s Comp patients.