

2026 PATIENT POLICIES

Welcome to **Dr. John M. Henderson DO PC**. The following pages provide information about our business practices and will be helpful in addressing the most frequently asked questions. Your understanding of our policies will ensure that we meet your expectations and provide the safest, best care we can. Please sign a copy that we will retain for our records. If you would like a copy, it can be found on our website. Or you can request a copy at the front desk.

OFFICE/PHONE HOURS

- The office doors are unlocked and open Monday through Thursday from **8:30am to 4:30pm**.
- We are closed for lunch from **11:30am to 12:30pm**.
- Phones are open for calls from **8:45am to 11:15am**, then **12:45pm to 4:30pm** each day.

CLINIC/APPOINTMENT TIMES

- Appointment times are between **8:30-11:00am**, and **12:30-3:00pm**, depending on which provider you are seeing.
- All patients will be seen according to their scheduled appointment time.
- There is no penalty for being late, but you will be slotted in after the current time slot patients have been called back.
- You must arrive by the cut-off time in order to be seen that day.
 - **Physician Cut-off Times:**
 - **AM Clinic:** Cut-off time is 10:30am.
 - **PM Clinic:** Cut-off time is 2:45pm.
 - **Mid-Level Cut-off Times:**
 - **AM Clinic:** Cut-off time is 11:00am.
 - **PM Clinic:** Cut-off time is 3:30pm.

INSURANCE/DEMOGRAPHICS CHANGES

- It is the patient's responsibility to provide current insurance information during check-in.
- New patients must provide all insurance cards, if any are missing, they will be rescheduled.
- The front desk will ask at every visit but will not be held responsible if you fail to provide your new information.
- Our practice will bill all insurance plans provided.
- See the Financial Responsibility Agreement for more information.

CREDIT CARDS ON FILE

- We offer the ability to place a credit card on file.
- You will need to sign a separate credit card on file agreement.
- You have the ability to choose the maximum amount billed per month without prior approval.
- A credit card on file will be required for all payment plans.

CANCELLATIONS / NO SHOW FEES

- There will be a **\$65** No call/No Show fee. Automatically applied to your account by close of business that same day.
- There will be a **\$40** dollar same-day cancellation/reschedule fee. Automatically applied to your account by close of business that same day.
- If a patient no shows for an appointment three times in a calendar year they may be dismissed from the practice.

RECORDS REQUESTS

- All patients will have access to a patient portal to access their medical information.
- With eClinicalWorks, certain data is available on the portal automatically, some will need to be requested.
 - Certain items can be posted to the patient portal for no charge.
 - For other items, or requests above a certain size, we will print them, or save the information to a

- secure thumb drive for a fee of **\$15**.
- If you are switching to another doctor, 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 **\$25 fee**.

PHARMACY CHANGES

- If a patient wants to change their pharmacy, they must contact their pharmacies to make the transfer.
 - Military pharmacies cannot participate in the transfers, so those patients will have to contact the office to have them sent to the new pharmacy.
- If both pharmacies refuse to transfer the prescription, then they can call the office to initiate a new “script” that gets sent to the new pharmacy.
- We do not accept pharmacy change requests through fax. They are automatically deleted.
- We will not automatically send prescriptions to a new pharmacy when a request is received. Patient must contact our office to authorize the change.
 - There are too many fraudulent attempts being made to our office, so we no longer make changes without patient confirmation and consent.

PREScription RENEWALS

- ALL prescriptions renewal requests should be made electronically.
 - a. Preferably all non-controlled medication renewals are requested through the pharmacy but may be requested through your patient portal.
 - b. Controlled Medications **MUST** be requested through the pharmacy or the patient’s portal account. This creates an auditable trail for security reasons.
 - We will no longer accept over the phone requests for controlled medications.
- The patient will be responsible for initiating the renewal request through the pharmacy. If you call our office asking us to do the renewal you will be directed to call the pharmacy unless you use one of the pharmacies that cannot send electronic renewals.
 - CHAMPVA and Ft. Moore pharmacies cannot send an electronic renewal. Patients must call our office.
- You **MUST** be considered a current patient to receive prescription renewals, or the request will be denied.
 - Must have a future appointment in the system.
 - Must have been seen within the last 12 months.
 - Must not have no showed or cancelled your last scheduled appointment.
- If you repeatedly cancel or reschedule your appointment(s) after your prescriptions are renewed:
 - **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 schedule.
 - **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.
 - **Third offense:** You may be dismissed from the practice for non-compliance.
- We will not automatically reply to correspondence from pharmacies, out-of-town supply companies, or medical device companies through the fax.
 - They will be directed to tell the patient they must contact our office to approve before anything will be sent.

PREScription PRIOR-AUTHORIZATIONS

- If a medication that was prescribed isn’t covered by your insurance, you have a few different options.
 - You can pay the increased out of pocket expense.
 - You can ask the pharmacist what your insurance will cover that is equivalent.
 - 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.**
 - We will not call the insurance company for you, and you must provide us with the alternate medication name. We will not send another prescription blindly hoping that it’s covered.
- If you insist on the medication requiring Prior-Authorization, there will be a fee, up to **\$25**. The fee will be automatically billed to your account once the request is submitted.
 - We do not guarantee approval when submitted.

- Once the PA has been submitted, and approval is received, a copy will be placed in your chart.
 - Our office will contact you to let you know it has been approved.
- We will not 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.

OTC MEDICATIONS

- **As of January 2026, we will no longer send prescriptions for over-the-counter medications to the pharmacies, regardless of your insurance status.**

ANNUAL WELL VISITS

- Annual Well Visits are scheduled once per year. They are a high priority visit for the payors.
 - Medicare patients must schedule at least eleven months apart.
 - Medicare Advantage and Commercial are once per calendar year.
- Well-Visits must be scheduled in advance. We will no longer change the appointment type on the same day.
- Annual Well Visits are generally done outside of the normal care plan interval appointments, but exceptions can be made in certain circumstances.
 - You may be able to replace the routine appointment with an AWV if you have no new problems.
 - If you are trying to get the AWV done, but have other issues, two separate visit codes will be billed. The applicable E/M code, along with the appropriate AWV code.
- Annual Well Visits are different than routine appointments.
 - Only certain items are covered and/or discussed. If you discuss anything other than what's covered in the well visit an additional E/M code will be billed along with the appropriate well visit code.
 - You will be notified of this during checkout.
 - You will be responsible for any assigned deductible or copay for the additional E/M visit.

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 used in our weight loss program.
- The agreement can be changed by the practice 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.
- See the agreement for additional information.
- There are stipulations there that are stricter than state or federal laws, but they are what we require to participate and they are not waivable.

IN-OFFICE LAB TESTING

- We offer an in-house lab technician as a convenience to our patients.
- The technician is employed by Quest Diagnostics, and not an employee of the practice.
- If a patient has their labs drawn in the office, they will be sent to Quest Diagnostics only.
- They will no longer do courtesy blood drawings for LabCorp patients.

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 may request a good faith estimate up front outlining the total cost of all tests ordered.
- **Starting in January of 2026, we will be assessing a \$5 administrative fee for all client-bill testing.**
- 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, plus the admin fee.
- The tests are significantly cheaper than if you were to pay yourself, and you don't have to pay up front.

PAPERWORK REQUESTS

- All paperwork requests will be approved by the physician, and you will be notified within two business days.
- Paperwork requests will have a **15-business day** turnaround.
- There will be a fee of up to **\$35** to complete paperwork based on the complexity, and who has to complete it.
- For initial completion of FMLA, Long Term Disability, Short Term Disability, and any other “large” packets, patients will need a visit with a provider.
 - This applies if it’s the first time Dr. Henderson has completed the paperwork.
 - FMLA Renewals can be submitted for completion without a visit.
 - They will sit down with you and determine what exactly they are willing to attest to in the paperwork.
 - If you do not have the paperwork, the appointment will be rescheduled.
 - There will be no fee for the paperwork submitted during a visit. All others will have a fee.
 - The visit requirement does not apply to health screening forms, diabetic shoe forms, physician letter requests, etc.

MESSAGES TO THE DOCTOR (Tel Encounters)

- In most cases, the patient will be required to see the doctor for treatment. For the rest, a message will suffice.
- Messages to the doctor will have up to a **3-business day** turnaround based on their complexity.
- There are certain cases where a message is insufficient and will be required to see the doctor.
- You will need to be considered a “current” patient.
- All messages to the doctor must come through the office.

OFFICE CHAPERONE POLICY

- Dr. Henderson feels that every patient has the right to have a “chaperone” in their visit if they desire.
- Dr. Henderson also reserves the right to have a chaperone in the exam room in certain cases.
- Please see our Chaperone Policy for more information. (You can request a copy or visit our website)

PAYMENT PLANS

- Dr. Henderson understands that our patients come from all different backgrounds and financial situations so we have created a policy to allow patients to continue receiving care while working to take care of any balance that may be due.
- A payment plan will be required for any remaining balance not paid at check-in of your appointment.
- The payment plan is required to see a provider.
- The minimum monthly payment amount for the plan will be the greater of **\$15**, or the monthly amount needed to pay the plan off in 12 months.
 - The amount will be designated in the payment plan documentation.
 - We do not charge interest for your remaining balance.
- You will be required to place a card on file for the duration of your payment plan.
- You will still have to follow established appointment intervals, based on your personal medical situation.
- If you default on the payment plan you will be notified by writing with two separate collection letters.
- If you default on the payment plan you will be given a chance to settle the balance before being sent to collections.

COLLECTIONS

- In today’s economic climate we have chosen to handle our collections process 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 with the third-party collection agency for any payments.
- Patients that are sent to collections will be dismissed from the practice and **WILL NOT** be allowed to return.
 - As part of the dismissal process a letter will be sent 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 collection company. As of this posting the fee is **\$10**.

- There are three separate steps to the collections process. Each step represents a period in the timeline and will serve to alert staff when they are interacting with the patient.
 - **Internal Collections:** The patient hasn't replied to statements sent, but they still have a chance to address their overdue balance and stay as a patient with our practice. They will either pay the balance in full or establish a payment plan. They will be sent three letters during the internal collections process.
 - **30-Day Letter:** They will be sent a letter explaining that they have thirty days to address their balance.
 - **15-Day Letter:** The same with the fifteen-day letter.
 - **Dismissal Letter:** After the fifteenth day, they will be sent a dismissal letter.
 - **Final Collections:** The patient never addressed their balance during the "Internal Collections" process and has been dismissed from the practice.
 - Their balance was below the \$50 minimum to transfer their account to the external collection agency.
 - They were sent a certified letter notifying them of their dismissal for non-payment.
 - **Summit Collections:** The patient never addressed their balance during the "Internal Collections" process and has been dismissed from the practice, but their account was sent to SUMMIT COLLECTIONS.
 - Their balance was above the \$50 minimum threshold for sending their account to the external collection agency.
 - They were sent a certified letter notifying them of their dismissal for non-payment.

***NOTES:**

- There is a process in place for all dismissed patients to allow them time to find another provider.
- If they call about a medical problem in the final 60 days you will create a telephone encounter and assign it to the practice manager.
- The collection status is viewable in the Hub, and there will be a billing alert stating when the sixty-day period ends.

DISMISSALS

- You will be sent a certified letter to the address on file notifying you of the dismissal. Non-receipt of the letter does not delay the dismissal process.
- We will ensure you have at least a sixty-day supply of all life sustaining medications.
- We will forward a copy of your complete medical record once a signed records release is received.

APPOINTMENT TYPES

ACUTE (Acute Issue): Scheduled for any new issue, or issues that cannot be handled over the phone between routine appointments.

ANN VISIT (AWV for Commercial Payors): The annual visit is a once per year visit, that's free for the patient. With certain items that must be covered. If we cover anything outside the scope of the Annual Well Visit a second E/M coded visit will be billed, and any copay or coinsurance will apply.

AWV (Annual Well Visit-Medicare/MA): The annual visit is a once per year visit, that's free for the patient. With certain items that must be covered. If we cover anything outside the scope of the Annual Well Visit a second E/M coded visit will be billed, and any copay or coinsurance will apply.

CON (Consult Visit for Surgical Clearance): Used at any time a surgical clearance requires a visit to the doctor.

DRAPPROVED (Doctor Approved): Used when overbooking the schedule from a visit with a provider. Or when approval to overbook the schedule was given by a provider or the nurse.

DUAL VISIT: When two patients are seen in the same exam room, they are scheduled as a dual visit.

ER/URGFU (ER/Urgent Care Follow-Up): Any time a patient is seen in the ER or an Urgent Care, and a follow-up visit is needed.

ESTPT (Established Patient): This appointment will be used for their regular visits indicated in the care plan. Covering all current and chronic diagnoses, and generally every 3-6 months.

ESTPT (CSA Visit): When a patient is prescribed a controlled substance (Sched I-V), they are required to see the doctor face to face every 90 days, and their medical conditions do not require a 3-month care plan interval.

F/U (Follow Up: Testing, C-Pap, General): Scheduled from a previous visit for any issue requiring the patient to return earlier than the care plan interval. Used for non-specific follow-up visits.

NP (New Patient Visit): To be used when the patient has never been seen here before, or if it has been more than three years since they were last seen. MD or DO only for this visit.

NV (Nurse Visit): A catch-all visit for any time clinical staff will see a patient, but the doctor won't.

REEST (Re-Establish PCP): Used for patients that haven't been seen in over a year, but under the three-year threshold for a new patient visit.

RXPICKUP (Rx Pickup Appointment): Non-billable appointment used for patients to schedule their prescription pickups.

TCMVISIT (Hospital F/U After Discharge): Transition of care following any hospital inpatient stay. We will not make changes to an established care plan without the TCM visit.

TELEVISIT (Telemedicine Visit): Can be used for certain appointment types to allow the patient to be seen without an in-office visit. Subject to patients' insurance approval, and the specific issues that need covered during the visit.

WGTINIT (Initial Weight Visit): For people that aren't primary care patients but are part of the medically monitored weight loss program.

WGTREEVAL (All Subsequent Weight Visits): Any weight program appointment following the initial visit. Required every 90 days.

WORKCOMP (All Workers Comp Patients): Only used for Workman's Comp patients. For both new and established WC patients.

WORKIN (Work-in Appointment): Any appointment scheduled for the same day or scheduled last minute on the day prior to today's appointment.

FEE SCHEDULE

1. New Patient – Self Pay	\$145.00
2. Established Patient – Self Pay	\$125.00
3. Acute Issue Visit	\$110.00
4. Self-Pay “Follow-Up” Visit	\$75.00
5. Weight Program (Self-Pay)	\$40.00
6. Phentermine (Adipex/Fastin) #30	\$40.00
7. Phentermine (Adipex/Fastin) #60	\$80.00
8. Injection - Lipo	\$20.00
9. Prior Authorizations (Up to)	\$25.00
10. No Show Fee	\$65.00
11. Same Day Reschedule	\$40.00
12. Collections Letter Fee	\$10.00
13. Self-Pay Labs Admin Fee	\$5.00
14. Self-Pay Bloodwork	Varies
15. Self-Pay Urine Drug Screen	\$70.00
16. UDS Confirmations (per Test)	Varies
17. Paperwork Packet (Up To)	\$35.00
18. Physician’s Letter (Up To)	\$15.00
19. GA Handicapped Placard Application Form	\$5.00
20. After-hours Call Through to Physician	\$25.00
21. Returned Check Fee	\$40.00
22. Individual Item Records Request	\$5.00
23. Multiple Item Records Request (Up To)	\$25.00
24. Complete Medical Record [PAPER]	\$65.00
25. Complete Medical Record [DIGITAL]	\$25.00

APPENDIX A

NOTICE OF PRIVACY PRACTICES:

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

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.

Payment

Your health information may be used to seek payment from your health care plan.

Health Care Operations

Your health information may be used as necessary to support the day-to-day activities and management of John M. Henderson D.O., P.C.

Law Enforcement

Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting .

Public Health Reporting

Your health information may be disclosed to public health agencies as required by law. Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed requires your specific authorization. If you change your mind after authorizing your information, you may submit a written revocation of authorization.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected medical information.
- The right to submit corrections to your protected medical information.
- The right to receive an accounting of how and to whom your protected medical information has been disclosed.
- The right to receive a printed copy of this notice.

John M. Henderson D.O., P.C. Duties

We are required by law to maintain the privacy of your health information and provide you with a "Notice of Privacy Practices"

Right to Revise Privacy Policies

As permitted by law we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in the federal and state laws and regulations.

Request to Inspect Protected Health Information

You may generally inspect or copy the protected medical information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected information be submitted in writing. You may retain a form to request this information at our office. Your request will be reviewed and generally approves unless there are legal or medical reasons to deny the request.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Tony Stark - Office Manager: John M. Henderson D.O., P.C., 1900 10th Avenue Suite 320, Columbus, Ga 31901