



PULMONARY CONSULTANTS

OFFICE POLICIES

Thank you for choosing Pulmonary Consultants. 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 Pulmonary Consultants Group 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 an appointment/cancellation policy. The policy enables 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 our policies.

OFFICE HOURS:

Our office is available Monday-Friday 8:00am to 5:00pm, and may be reached at (480)835-7111. If you need an appointment, prescription refill or test results, please call during regular business hours. If you reach us after hours please leave us a brief message along with your name, date of birth and phone number, we will get back to you next business day.

APPOINTMENTS:

When calling for an appointment, please provide your name, telephone number, chief complaint/reason for visit, as well as any updated contact and insurance information. We strive to give all of our patients the time that they require. For this reason, we kindly request your patience and understanding should a delay or rescheduling become necessary on your appointment date. To ensure quality care, Pulmonary Consultants Group, does not treat patients we have not seen (i.e., we will not call in prescriptions or offer medical advice for patients prior to their initial visit). Follow up may be required to be scheduled after testing has been completed, so that results may be reviewed together, so an effective and appropriate plan for your healthcare can be determined.

RELEASE OF MEDICAL INFORMATION

I authorize Pulmonary Consultants, P.C., to receive or release medical records concerning myself to any physician, hospital, or agency involved in my care.

RELEASE OF ELECTRONIC MEDICAL INFORMATION

I authorize Pulmonary Consultants, P.C., to receive or release, through the CCHIT/HITECH software which meets or exceeds the Federal standard for encrypted electronic medical records concerning myself to or from any pharmacy. Physician, hospital or agency involved in my care.

ASSIGNMENT OF MEDICAL BENEFITS

I request payment under my insurance policy card which was presented and verified at the time of service be made directly to the provider listed on any claim for services furnished to me during the effective period of this policy and authorization. I authorize Pulmonary Consultants P.C, to release to Social Security Administration, intermediaries or managed carriers any information required for this claim or any related Medicare claim. I authorize the release of any information necessary to determine eligibility and/ or benefits payable for the services rendered to me.

HIPPA POLICY

I have reviewed the posted HIPPA Policy of Pulmonary Consultants P.C.'s Health Information Portability and Accountability Act, and understand my health information will be protected by this act according to the written policy of Pulmonary Consultants, P.C. I may request to speak with the HIPPA Policy Officer at (480)835-7111, should there be any issues or concerns regarding this policy.

PAYMENT POLICY

Co-payments will be collected at the time of services, which are provided to me. Pulmonary Consultants accepts checks and debit cards, Visa or Master Card payment. I am ultimately responsible for all charges for medical services provided even if claim is submitted to another party for services which are provided to me. If Pulmonary Consultants is contracted with the insurance carrier, they will accept contractual rate as outlined within the terms of Pulmonary Consultants contract for the services billed. However, I will be responsible for any balances which are deemed patient responsibility, non-payable or non-covered by my insurance carrier which be billed accordingly. I am expected to make full payment upon receipt of a statement unless I have made a written payment arrangement with Pulmonary Consultants through their Billing Department upon receipt of the statement. Failure to make schedule payments will result in the transfer of my unpaid account to a collection agency and 20% interest will be applied.

NO SHOW - CANCELLATION

All Patients who fail to show for a scheduled appointment will be given ONE Warning regarding Pulmonary Consultants Cancellation and/ or rescheduling Policy WITHOUT incurring a charge. However, after the patient has been counseled once, regarding their failure to show for a scheduled appointment, a fee of \$50 will be charged to their account. This policy applies to all patients, both MEDICARE & Non-MEDICARE Patients as outlined by the Federal Guideline posted by CMS. Medicare & Non-Medicare Managed Care plans will not be billed, nor will they reimburse for these service charges, for which the patient is non-complaint. The \$50 charge is the sole responsibility of the Patient irregardless of their health plan. No Show Appointments will be posted in the following manner to track the number of no show appointments which have been logged through the computer system.

99989- No Show Appointment / 1st Warning = No Charge

99990- No Show w/ Confirmed Appointment = \$50

99991- No Show Appointment = \$50

REFERRAL POLICY

I understand, it is my responsibility to obtain a referral through my primary car physician's office is one is required by my insurance carrier for my appointment with Pulmonary Consultants. My failure to do will result in charges being billed directly to me.

I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE ABOVE RELEASE OF MEDICAL INFORMATION, PAYMENT, AND OTHER OFFICE POLICIES.

Signature of Responsible Party:

Date:
