



Peter Krause, MD
Family Medicine

Office/Financial Policies

We are thankful you have chosen us as your medical home. Please read this document and fill out the forms completely and then sign your agreement. We ask you to do so each year so we can be as up to date as possible. Of course, if there are any changes throughout the year, we ask you to inform us as those changes occur, so your medical chart is always up to date and we are able to reach you.

\$55.00 annual administrative fee:

Each calendar year, our office charges an annual fee administration. This modest fee helps cover the expenses incurred by the office that are not reimbursed by insurance carriers. Insurance does not cover and/or reimburse this annual fee. If the fee is paid, you will not be asked to pay additional fees for services throughout the year for items like basic forms, patient assistance programs, and prior authorizations.

Insurance: Our office contracts with many insurance companies and plans. Your insurance company provides you with proof of insurance. It is your responsibility to make sure that we are an 'in-network provider' for your insurance. We can only offer guidance on the types of plans we take. If you are not eligible for your insurance or if your declared PCP is not Dr. Krause (for HMO's and EPO's) your account will be considered a cash account with full payment due at the time of service.

If we are contracted as preferred providers with your health plan, we will bill your insurance company directly. If we are not contracted providers with your insurance company, we expect payment in full at the time of service. We will be happy to provide you with the information you need to bill your insurance for any eligible reimbursement.

Your individual insurance plan is an agreement between you and your insurance company. It is necessary for you to know the specific details of your own plan. It is especially important for you to notify us if there are restrictions regarding referrals for services to outside facilities or providers or specific coverage you have or don't. We try our best, but do not know all the details of specific insurance plans. We can provide codes for procedures and diagnosis that you can utilize when calling your insurance for coverage.

Vocabulary

Copays: Set amount you are asked to pay per visit regardless of the service received. **Coinsurance:** *A portion of the visit you may need to pay- usually a% of total allowable charge* **Deductibles:** *An annual set amount you need to pay before insurance begins your coverage.*

Patient Balance: As required by your insurance company, your copays are due at the time of visit. We do not send an invoice for copays. For your convenience, we accept cash, check, and credit cards. Patient balances *over 60 days past due from statement date* may be sent to *collections* if arrangements are not made with the billing department. Please call our office to discuss a payment plan.

Returned Checks: There is a fee of \$40.00 for a returned check.

Failed Appts & Appts cancelled less than 24 hours in advance: Because we set aside time for you, a missed appointment represents time another patient could have been seen. If we are unable to schedule another patient during your slot, you will be charged a fee of \$75.00 minimum.

Workers Compensation: We do not see work-related injuries. You must see the Workers compensation health care provider that your employer policy is affiliated with. If you are covered by a worker's claim it is your responsibility to know the specific diagnosis codes they use for their services. If we accidentally use one of those codes and bill your insurance company for a regular visit, it may be possible that visit may not be covered.

All Third-Party Billing/Motor Vehicle Accidents: We do not bill your insurance company for third party billing situations (This is typically when a claim will be filed). There is a \$250 charge for all motor vehicle accident appointments; we can provide you with the required chart notes and billing documents to file your claim.

Non-Covered Benefits: Any professional fees that are not covered by insurance will be due at the time of service.

By signing my name below, I certify that I have read this document. Any questions concerning these policies have been discussed.

- I verify that I am fully responsible for the fees and medical services provided by Dr. Krause
- If medical services provided by this office are deemed ineligible by my insurance, I am responsible for the full cost of the services.
- I understand that my balance is due and agree to pay in full any balance within 45 days of the statement date.
- I understand that charges on my account are deemed correct unless I notify the billing manager within 30 days.
- I understand that patient balances over 60 days past due from statement date may be sent for collections if arrangements have not been made with the billing manager.
- I understand the administrative fee is due annually and is not covered by insurance.
- I understand I may be charged a minimum \$75.00 no show fee if I fail to alert the office with at least a 24- hour notice.

Patient signature

Date

Print name

Office/Financial Policies

Medications: Several medications are **controlled** by the DEA and require physicians to adhere to specific rules. These medications are controlled due to a risk of death to patients and potential addictions. Pain medication addiction/overdose risk is covered well in the media. What is less discussed, is the risk of dependence on benzodiazepine type medications and sleep aids. These types of medications should not become chronically used. If you are concerned about your use, please discuss this with the doctor.

For those who are using **testosterone supplements**, please be aware that this is also a controlled medication. It requires regular labs be drawn - a minimum of every 6 months. If you are unable or unwilling to do regular draws, testosterone will not be prescribed.

Each medication that the doctor prescribes has certain **monitoring** protocols. To continue to receive your medication in a timely manner, please schedule appointments as appropriate. If you take any medication at all, whether controlled or not, we require a minimum of an annual visit and the appropriate monitoring labs as required. If you don't know the requirements of your medications, please ask at your visit.

Medications prescribed by other providers. If you are being treated by a specialist for a health condition and will continue to see that provider, please maintain your prescriptions with that provider. When it's time for a refill call their office instead of transferring it over to Dr. Krause. This will ensure there is no confusion with proper use. If Dr. Krause is taking over the care of that health condition, it is then appropriate to have him take over the prescription refill and changes.

Communications: We offer a variety of options to make it easier for our patients to communicate with us. You may text us, send us a message through your portal or call us. Keeping us up to date with your current contact information is your responsibility.

Medical Scribe technology: We use a service that uses AI technology to help us scribe your visit into your notes. The is 100% HIPPA compliant and has several levels of security to keep your information safe. This technology helps us be more productive and improves quality of data.

Orders: Orders are provided by the doctor. It is your responsibility to follow through on scheduling your tests or specialist visits. If you have any questions about your orders please contact us.

Requests for labs prior to a visit: We frequently get requests for 'basic labs' from patients. This doesn't really exist. We can 'guess' based on past medical history (if we have any) and there are some 'common' labs done however this isn't good medicine. It's ideal for a patient to come to a visit with the doctor to discuss their health in general. There are exceptions which includes monitoring labs.

Physicals: Just a reminder. Your annual physical is a time for you and the doctor to discuss preventative health testing and age specific health guidelines. Discussion of new health problems should be reserved for another appointment. If the doctor does address a new problem at your visit, you may be charged a separate fee.

Concerns: Navigating your health and the medical establishment can be complicated and difficult. We try our best to explain things and offer suggestions. Feel free to reach out to us with questions and concerns so we be your guide. Contact us on your portal, come into the office or give us a call. We will do our best to direct you. Results for imaging, labs, pathology etc...will be reported to you and/or posted to your portal. We will do our best to contact you, however, it is **your responsibility to contact us if you have not been apprised of your results.** Please make sure we have the correct information and a portal available for your results.

My signature certifies I have read this documents and confirms my understanding of, and agreement to Peter Krause MD office policies.

Signature: _____

Date: _____

Consent for the purposes of treatment, payment and healthcare operations

I consent to the use or disclosure of my protected health information by Peter Alan Krause Medical Corporation for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations for the medical practice. I understand that diagnosis or treatment of me by Peter Alan Krause Medical Corporation may be conditioned upon my consent evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the medical practice. Peter Alan Krause Medical Corporation, is not required to agree to the restrictions that I may request. However, if the medical practice agrees to the restriction I request, the restriction is binding on Peter Alan Krause Medical Corporation and employees.

I have the right to revoke this consent, in writing, at any time except to the extent that Peter Alan Krause Medical Corporation has taken action in reliance of this consent. Otherwise, this consent is valid for a period not to exceed 6 years from the date signed.

My 'protected health information' means health information, including my demographic information, collected from me and created or received by my physician, another healthcare provider, my health plan, my employer or a health care clearinghouse. This protected health information, relates to my past, present and future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information identifies me.

I understand I have the right to review Peter Alan Krause Medical Corporation Notice of Privacy Practices prior to signing this document. The medical practice's Notice of Privacy Practices will be provided to me to review, if requested. The Notice of Privacy Practices describes in more detail the types of uses and disclosures of my protected health information that will occur I my treatment, payment of my bills or in the performance of the healthcare operations of Peter Alan Krause Medical Corporation. The Notice of Privacy Practices also describes my rights and Peter Alan Krause Medical Corporation with respect to my protected health information.

Peter Alan Krause Medical Corporation reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office or requesting via the patient portal to be sent in the mail, by email, fax or at your next visit. Any questions regarding this document or the Notice of Privacy Practices should be directed to our privacy officer, Chelsea Krause at 805-623-5010 or chelsea@dockrause.net

Patient Signature

Patient Name (Printed legible)

Date: _____

Restrictions: NO YES

List restriction type: