Lanier Family Healthcare

Gary S. Orris M.D. *Kasin Anton, P.A.-C*

OFFICE POLICIES AND PROCEDURES

Thank you for choosing Lanier Family Healthcare, LLC as your primary provider. Please read the following document carefully. The details provided here is to help make sure you are completely informed of our office policies and procedures. Once you have reviewed this document, it needs to be sign and date by the patient or legal guardian and we will place it in the patient's chart. If at any time you would like a copy, please feel free to ask us and one will be provided to you.

OFFICE HOURS:

Monday – Thursday 7:45 a.m. - 5:00 p.m.
Closed 11:00 a.m. -1:00 p.m. for lunch

Fridays are 8:00 a.m.-3:00 p.m.
Closed 11:30 a.m. – 1:00 p.m. for lunch

AFTER-HOURS:

Our paging service is **404-487-2270**.

**If you are ever having a life-threatening emergency, please call 911 immediately.

**Medication refills will never be handled after hours through our paging service. We feel that it is the patient's responsibility to be aware of when they are running low and make sure they request a refill ahead of time and before they run out.

VICKERY DIRECT CARE and HIP NATION members:

Please contact Dr. Orris at the number provided when you signed up for the membership. Please remember that direct access is **ONLY** for current members. It should **NEVER** be used for questions and/or request for family and friends that are **NOT** under that same membership. You should also **NOT** use that number if you no longer have active membership with either of these plans.

***If you contact any of our providers after hours on their personal numbers for any medical services, you WILL be billed for an "out of office" visit at a rate of $100.00 per incident due at time of service. We will NOT file this to insurance as it is NOT covered by your insurance.

PRESCRIPTION REQUEST

- **Refills:**
  The fastest way to request a prescription refill is to log in to the patient portal and send the office a message. You can also call the office if you like, please just have patience because due to the amount of phone calls we get there will likely be a wait time on hold or you will get the voicemail.

  Most medications do require you to be monitored very closely and you will be expected to follow-up in the office typically in a 3 - 6 months timeframe. Due to scheduling restrictions please plan accordingly for your medication refills and follow-up appointments. Please remember to allow 24 hours for all prescription

refill request, if your insurance requires additional information, it can take longer. **DO NOT** wait until you have taken your last pill to request a refill. Any requests received on Friday will likely not be addressed until the following business day. We do try our best to complete as many as we can as soon as we can, but somethings take longer.

- **New medication request:**

  If you have not been seen for an ailment and you are requesting medications for it, you will need to make an appointment. If we have not filled a medication for you before or are requesting a dosage change that has not been previously discussed with one of our providers, you will need to make an appointment. We are here to take care of our patients'; we are not a pharmacy or a pill dispensary.

- **Controlled/Pain Medication policies**:
  We will not prescribe any form of pain medication to a new patient until we have received the medical records from your previous physician.

  DO NOT ask for early refills of controlled/pain medications – these will **NOT** be filled.

  There are some medications that cannot be called into a pharmacy therefore you will need a written prescription to take to them. The pharmacy division of the State of Georgia requires that all physicians use a specific type of paper for **ALL** controlled substance this paper is $1.00 per sheet and must be paid at that time to receive any paper prescriptions.

NO SHOW/CANCELLATION POLICY

We make efforts to provide you an appointment that is at a convenient day and time for your schedule. This time is set aside specifically for you. If you fail to keep you scheduled appointment or cancel your appointment **less than 24 hours** prior to your appointment time, you will be charged a fee. This fee is charged according to appointment type because depending on the services expected to be provided it can take more time and resources from our schedule and staff. This is not a billable fee to the insurance and will be expected to be paid before any further services are provided. If a patient does No Show or Cancel with less than 24 hours notice 3 times, our office will decide at that time if is appropriate to terminate our relationship with such patient.

FEES:

Regular Office Visit-	$ 75.00
Physical/Pre-Op Visit-	$150.00
Cosmetic Office Visit-	$150.00
Ultrasound Visit-	$150.00

CO-COPAYS AND OUT OF POCKET EXPENSES:

- **INSURANCE**
  Co-pays and all outstanding account balances are expected to be paid at the time of service and are collected prior to your office visit. If you do not have your co-pay at the time of service, we will gladly reschedule your appointment to a later date.

  Due to frequent changes in health insurance coverage, we require that you provide proof of insurance at each visit. If you are unable to provide this or are on a plan in which we do not participate, or have no insurance coverage, payment in full is expected at the time of service. As a courtesy, we file your

insurance claim; however, if insurance denies your claim for a reason outside of our control or does not respond to a claim in a timely manner, the balance on your account will become your responsibility to pay.

Should there be a dispute with your Insurance Company, we will attempt to work it out with you and/or your insurance. It is your responsibility to know your insurance plan benefits, and it is your responsibility to notify our office **IMMEDIATELY** with any insurance changes. If a claim is denied due to a change in your insurance, it will become your financial responsibility and you will have work with your insurance regarding any issues with any policy errors.

If your insurance requires any prior authorizations for any types of service and/or medication, we do **require a $25.00** administrative fee that must be paid in advance of these services being performed.

- **ACCOUNT BALANCES/COLLECTION AGENCY FEES**

  Account balances are expected to be paid in full within 30 days of your portal notification that your statement has been posted to your portal account. The balance is expected to be paid before any future services are provided.

  For your convenience we do have the option to keep a valid credit card, debit card, HSA, or checking account on file. Once your claim has been processed through your insurance, you will be sent notification regarding your balance and running your payment on file for that balance.

  If you have a large account balance and need to make payment arrangements, you can contact our office and we can handle accordingly, or you can email us at info@lfhllc.com.

  In the instance that your balance is not paid in full within 30 days of your statement being provided, your account may be subject to being referred to an outside collection agency. Should this happen, understand that you will also be responsible for an additional fee of 30% of that total dollar amount that is submitted to the collection agency.

- **ADMINISTRATIVE DUTIES**
  Any type of form or letter (i.e. sports clearances, life insurance, employer) that may need to be filled out on your behalf will be have a charge of $25.00 per item. Some of these forms/letters may be able to be completed at the time of your office visit without that additional charge but there are some that require additional time.

  In addition, depending on what is being requested you may be required to make an appointment before the form/letter can be completed. If you have not been seen in our office within 90 days of your request, you will need an appointment.

REFERRALS:

If a referral is required by your insurance plan for tests and specialty doctors outside of our office or if a specialist requests a written request from our provider, we will be happy to assist.

Things to remember:

- It is the patient's responsibility to know your plan and the need for a referral.
- Referrals must be obtained prior to visiting a specialist

- Your primary care physician at this office will evaluate your health needs and help determine your need for a referral. This may require an office visit.
- Urgent and emergency referrals are done immediately upon the physician's decision.
- Most referrals are handled within 2-3 business days of the request. This is within guidelines of most plans.
- Failure to obtain a proper referral could result in your insurance plan failing to pay for that service
- No post-dated referrals are processed by this office
- No on demand referrals are done by this office. If you find yourself at the specialist's office without a referral you need to reschedule the appointment to allow time to obtain a referral.

I have read and understand the office policies and procedures of ***Lanier Family Healthcare****. I agree to comply with the office policies and procedures that have been provided.*

Patient Name:_____

Signature: _____ **Date:** _____