



Patient Policies and Procedures Handout

Welcome, and thank you for choosing WELLNESS HEALTH GROUP as your health care provider. We are committed to providing you with the best possible personal health care. As part of this commitment, we would like to provide to you this “patient policies and procedures handout”. Your clear understanding of our policies and procedures is fundamental to maintaining a healthy personal and professional relationship with us. Please take a few moments to read the following carefully and make sure to ask any questions you might have. We will then ask you to initial a form affirming your understanding.

You are responsible to know this information while a patient at Wellness Health Group. Please read carefully, make sure to understand and keep for your records.

OFFICE HOURS*

Monday – 8:00 am – 4:00 pm

Tuesday-Wednesday: 8:00 am – 6:00pm

Thursday: 7:30 am – 6:00pm

Friday: 8:00 am- 1:00pm

Saturday: 9:00 am – 1pm (Open once a month, please call to check availability)

*Schedule may vary, please call our office to schedule accordingly.

APPOINTMENTS– Please initial

- Routine wellness visits: Please call days in advance to schedule an appointment as soon as you realize you are due for one. This type of appointment is an opportunity to raise general questions or concerns regarding your nutrition and well being.
- Sick visits: If you need to be seen because of an illness, same day appointments during office hours are always available. Please call ahead to obtain a time in which you can come in. **If you scheduled an appointment for an illness, please note that a full checkup cannot be done at that appointment. Please schedule a separate appointment for that purpose.
- Scheduled and same day appointments: We keep a few spaces reserved in our schedule for appointments made on the same day. These are appointments that are usually for sick or acute care visits only. To schedule a same day appointment, please call as early in the day as possible.
- Walk – in Visits: Walk-ins are seen as soon as possible, but always after scheduled appointments. The only exception is in the case of a medical emergency, which will be determined by clinical manager or physician. Please be aware that wait times can be 1 to 3 hours depending on number of previously scheduled appointments.
- Phone appointments: Not covered by insurance, always done by either Dr. Miranda or professional health care provider.

We strive to run on schedule, as we also realize that your time is also valuable. Delays in schedule are due to some unforeseen problems and complications that require our staff and physicians to spend more time than anticipated with a patient. Some ways you can help stay on time:

- Please be on time for your appointment (Arriving 10 minutes early will allow time for check in and any paper work that may be needed).
- We can not use a patient's visit to treat or examine accompanying family members unless they have been scheduled for an office visit.
- Stating all your concerns at the beginning of the visit will enable the physician to determine which are most important to address during the visit.
- Walk-in appointments are strongly discouraged, same day sick visits are available provided you call first.

LATE FOR AN APPOINTMENT - Please initial

- We realize that some days do not always run as smoothly as hoped; however, to keep the clinic on time:
- A patient is late if check in is 15minutes after the scheduled time.
- If already late for an appointment, the patient has two options: re-schedule or stay and be seen as a walk-in.
- We run a tight schedule trying to keep scheduled appointments on time, thus, we cannot disrupt the schedule due to patients that are late. This would be unfair to patients showing up on time.

MISSED APPOINTMENT - Please initial

- We cannot emphasize enough the importance of coming to your appointments.
- Our clinic flow is affected tremendously by no-show appointments.
- As a courtesy, we try to call and remind you of the appointment 1-2 days prior to your appointment. However you are still responsible for keeping your appointment time even if we cannot reach you.
- If you don't show up for a scheduled appointment and do not call 24 hours in advance, you will be charged a no-show fee of \$25.
- If patient misses more than 3 appointments, no further appointments will be allowed to be made for that patient and/or may result in dismissal from our practice.

CANCELLATIONS - Please initial

- We do understand that in today's busy world certain situations may come up that are beyond our control.
- In those instances, we do request you extend us the courtesy of a 24-hour notice.
- Again, we will charge a penalty fee of \$25 for missed appointments and cancellations received less than 24 hours prior to appointment time, except for cases of medical emergency.

*Please note all penalty fees incurred must be paid before seeing physician on next visit and cannot be waived by any of the staff members, including the front desk. Patients are to email management should any questions or concerns arise.

FINANCIAL POLICY- Please initial

- We ask that you present your insurance card in each visit. It is your responsibility to provide us with the correct information to bill your insurance.
- If you have a change of address, telephone numbers, or primary doctor, please notify one of the receptionists.

- We will collect your deductible, co-payment, and co-insurance or charge for non-covered services at the time of your visit. If you have a balance after an insurance payment from a previous service, we will also ask for that payment. We accept cash, Visa, MasterCard, Discover, American Express and Care Credit.
- If we do not participate with your insurance company, you will be expected to make payment in full at the time service is rendered.
- If your insurance denies our charges or does not pay us in a timely manner, or if your account balance becomes delinquent we reserve the right to refer your account to a collection agency and to be reported to one or more credit bureau(s).

INSURANCE COVERAGE - Please initial

- Your insurance coverage is a contract between you and your insurance company.
- If we accept your insurance, you must pay any co-payments and/or deductibles allowed at the time of service. We accept many insurance plans with various deductibles, co-pays, co-insurance and coverage. It is your responsibility to read and understand all the provisions of your insurance plan. You should call your insurance carrier to get this information.
- In the event we accept assignment of benefits, the patient is still ultimately responsible for all charges. If your insurance company has not paid your account in full within 45 days, the balance is due in full from the patient and/or guarantor.

▶ UNTIMELY PAYMENTS

- In the event of untimely payments, an outside collection agency may and will be utilized to secure payment on all past due accounts.

▶ COMMUNICATION WITH OFFICE

- If having a medical emergency: **CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM**
- For multiple or urgent problems, please make an appointment and come in to be seen.
- Our staff answers medical questions and concerns during office hours.
- A staff member will return all calls as soon as possible.
 - Can take between 1-3 business days.

PRESCRIPTION REFILLS- Please initial

- Prescription refills will be handled during regular business hours, as your medical record is needed to determine whether a refill can be issued.
- If you need a refill for a prescription medication please log in to your patient portal and submit a request or contact your pharmacy and have them fax a request to our office. Once we get a request, it will take up to 3 business days to approve. Please plan accordingly.
- Requests for medications that need to be monitored require an office visit for follow-up/and lab work before being refilled. An office visit should therefore be made two weeks before you run out of your medication.
- Please do not call after hours for refill requests.

LABORATORY RESULTS - Please initial

- Any laboratory visit that is to be sent to an outside laboratory needs to be discussed in your follow-up visit. These results can NOT be given by phone.

- We will attempt to call you to schedule a lab result appointment, but would also like for you to make sure to call us 1-2 weeks after your visit to make sure everything came back within normal levels if you have not heard from us first.
- Thyroid laboratories require close monitoring, therefore, we require patients to be checking a thyroid function panel every 3 months to continue dispensing appropriate medications.
- ZRT hormone levels also require close monitoring in order to prescribe appropriate hormone levels. New patients expect to test 3 times the first year until levels are stable. After levels are stable, 1-2 times per year to monitor.

➤ TREATMENT OF MINOR

- A minor is a person under the age of 18 who has never been married and never been declared an adult by a court. Generally, minors do not have the legal capacity to consent to medical treatment (few exceptions exist).
- In order for us to treat a minor, a parent must be present during scheduled visit for treatment to be rendered.

➤ MEDICAL RECORDS

- You may request copies of your medical records at any time.
- Please allow a reasonable amount of time for us to print them and mail them if necessary. This is usually no more than 2 weeks.
- Administrative and postage fees may apply.
- If you would like your records released to a third party, you must sign a release of information form giving us permission to do so. Those forms are available at the front desk.
- Medical records and/or any patient forms may not be emailed per HIPPA regulations.

➤ PRIVACY POLICY

- We will maintain the privacy of your medical and personal information in accordance with the HIPAA laws established by the federal government. A copy of the HIPPA regulations is available upon request.

IMPORTANT CONTACT INFORMATION

- Clinic Main Line: (956) 581-2168
- Clinic Fax: (956) 581- 2169
- Office Manager Email: abigailb@wellnesshg.com
- General Info : info@wellnesshg.com
- Clinic Website: <http://wellnesshealthgroup.com>
- Facebook: www.facebook.com/wellnesshealthgroup

Please sign below to acknowledge that you have read and understood the patient policies and procedures handout.

Patient Name _____ Patient Date of Birth: _____

Signature of Patient or Legal Guardian _____

We look forward to helping you feel like yourself again! Date: _____