

**ESTELLE I. YAMAKI, M.D., INC., P.S.**

**PATIENT POLICY & RESPONSIBILITIES**

Our goal is to provide quality women's health care in a warm and personalized atmosphere. We are committed to providing the best and most appropriate care to suit your individual needs. To facilitate quality care, we believe it is important that you be kept well informed. Good communication is essential for a healthy provider-patient relationship, not only health-wise, but also with respect to what we should expect from each other. The following information is to acquaint you with our policies toward insurance, fees, office policies and patient responsibilities. We welcome you to our practice and encourage you to ask questions and provide comments so that we can best serve you.

It is costly when appointments are not kept. Additionally, since we have a long list of patients anxious to be seen sooner, it is unfair to our ability to serve their needs. If an appointment can not be kept, you are therefore expected to notify our office during regular work hours with at least 24 hours notice. There is a charge for appointments canceled without 24 hours notice and no show appointments. This fee increases for subsequent incidents. Additionally, patients who repeatedly miss their appointments may be subject to dismissal from future care by this office.

In consideration of the safety and respect of our other patients, we ask that you please refrain from bringing young children to your office visit. We don't have the resources to watch your children while you are being seen. It is also difficult to do your examination with a child present, and there are potentially hazardous materials located in the exam rooms.

If you need to call and request a prescription refill, our office requests 24 hours notice to process your request. Refill requests are most easily approved if you simply ask your pharmacy to fax or call the request into our office. If this is not possible, be sure to give us the pharmacy's phone number when you call. If you are overdue for an appointment such as a yearly physical, your prescription may not be authorized, or we may only authorize it until such time as you are able to get in for a follow up appointment. If you receive a prescription from our office and it has to be replaced, a service charge will be applied.

If you need to call after hours for a non-emergent/ urgent condition, there may be a charge for handling your request. Services handled over the phone are not covered by insurance. To facilitate a call back, please be sure you have disabled the "call blocking" feature on your telephone or the on call doctor may not be able to return your call. If you think a prescription might be called in, please have the phone number of the pharmacy available, which you plan to use.

Our office is committed to following the proper rules and policies dealing with the billing of your medical services. Insurance policies vary widely, and you will be held financially responsible for services, which are not covered by your insurance plan.

Payment for services not covered by your insurance is due at the time of service unless other payment arrangements have been approved in advance. We accept cash, checks, Visa and Mastercard. As a service to you, we will process your insurance claim forms and accept assignment of benefits for the remaining balance of your bill. In general, you will therefore be expected to pay for fees not reimbursable by your insurance carrier such as:

- **20% of your bill if your insurance pays 80%.**
- **Any co-payment required by your policy.**
- **The full cost of services not covered (for example, annual exams, infertility, sterilization and contraception advice) by your insurance contract.**
- **The full cost of your bill which is applied towards your annual deductible.**
- **Any costs denied by your insurance carrier for failure to comply with the rules of your policy.**

Our office accepts assignment, and we are a preferred provider for many insurance plans. Our office will bill your insurance provided we can verify your eligibility and benefits, and we have received complete information about your policy. The patient must fill out and sign an insurance assignment form to enable us to do the billing on your behalf. If your insurance has changed, you must likewise inform us with the details at the time of your visit. Otherwise, the patient must be prepared to pay for services at the time of the visit. Following our timely receipt of your insurance benefits, you will be promptly billed by our office for any remaining charges which you are responsible for. A payment from the patient must be made within 30 days.

If your insurance policy has a co-pay requirement, this is to be paid at the time of your office visit. If you are unable to pay your co-pay at the time of your visit, you may be asked to reschedule your appointment. If a bill is sent to you for a co-payment, there will be a service charge applied for having to generate a statement.

We will provide a grace period of 60 days from the date of service to attempt recovery from your insurance company. After 60 days you will receive a statement from us, and you will be held responsible for the outstanding bill. At this juncture, it will be between you and your insurance company to work out why they still have not paid a claim on your behalf. If your insurance requests additional information, we'll be happy to provide it, but the responsibility to promptly pay this claim will remain with the patient. If subsequently we receive payment from your insurance company, this excess payment will be refunded to you.

If you are going to have surgery or a non-covered service we will provide you with an estimate of the fees in advance and may expect you to pay a portion of the fee (that which will not be covered by insurance) in advance.

As medical care providers we must emphasize that our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered. We will gladly discuss your proposed treatment and answer questions relating to your insurance. You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract except where we are a preferred provider.
2. You must keep our office informed of any changes to your insurance coverage and be sure to comply with the rules of your policy. For example, if your new policy requires a referral from a primary care provider (PCP), it is the patient's responsibility to obtain this before making an appointment with our office.
3. Not all services are covered by insurance. For example, services which generally **are not covered** by insurance include:
  - Diet counseling, cosmetic issues, and weight management
  - infertility and family planning
  - Hormone Implants
  - Non-emergent phone calls when office is closed
  - Any non-gynecologic care when participating in a managed care plan
  - Requests for custom letters and insurance authorization requests
  - Requests for copies of the patient chart
4. Services which **are sometimes covered** but depend on the policy are:
  - Yearly physical exams with pap smear (preventative care)
  - Mental health
  - Birth control (injections, IUDs etc),

Your yearly physical exam with pap smear will be billed using a code which reflects that this is a preventative care visit. In other words, this is a general examination of your total well being and is not meant for the management of specific medical problems. If your insurance does not cover routine preventative medical services, you will be responsible for this entire charge. If during your exam the provider also spends significant time dealing with your medical problem(s), this will be billed separately. Your insurance should pay for this portion of the office visit even if they do not cover routine/ preventative care.

In addition to the charges discussed above, you should keep in mind that there will be separate charges by other facilities for any tests which are ordered on your behalf. If your insurance policy requires you to use a specific facility, you must inform the nurse at the time of your visit.

Accounts which are 30 days past due are subject to a rebilling fee and a finance charge (of 1.0% per month (12% APR)). Patients will be expected to make at least a minimum payment (the greater of \$25 or 10% of the outstanding balance) by the payment due date. If the minimum payment is not made and the account is more than 30 days past due, the account will be considered a candidate for submittal to a collection agency. If it becomes necessary to turn the account over to collections, the patient will be dismissed from care by this office and additional service charges will be applied.

By signing this statement, I agree to abide by the policies of this office and understand my responsibilities as explained above. I agree to be personally and fully responsible for payment of any of the above-described services/tests, which my insurance does not cover.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date