

Patient Name: _____

Austin Gynecology Associates, PA

OFFICE POLICY AND PROCEDURES

Due to the many changes in healthcare, we have designed the following Office Policies and Procedures for Austin Gynecology Associates, PA (AGA). This handout is designed to provide you with clear terms, conditions and expectations from the Physicians and the Staff.

1. **Proof of Identity and Insurance:** AGA requires two forms of Identification, your Driver's License and Insurance Card. The staff will refer to either method of identification as proof to treat you in person and / or to release medical information over the phone. You must present your insurance card at the time of service or you will be seen as a cash patient or you may reschedule your appointment. **Initial**
2. **Parking:** AGA does not validate parking. **Initial**
3. **Appointments:** AGA makes every effort to schedule an appointment within a reasonable time frame. The Physicians attempt to stay on schedule; however sometimes an appointment may take longer than planned or an emergency may arise. AGA appreciates your patience while the Physicians work to get back on schedule.
 - a. **Late Arrivals:** If you arrive 15 minutes late for an appointment you have one of two choices; you may reschedule your appointment or you can be seen after the morning or afternoon patients. **Initial**
 - b. **Cancellations and No-Shows:** AGA will contact you 72 hours before your scheduled appointment. You will be responsible for contacting AGA within 24 hours of your scheduled appointment if you have a conflict in your schedule. There is a \$25.00 fee for all "No-shows" and appointments not cancelled within 24 hours. **Initial**
 - c. **Repeat Cancellations, No-Shows and Late Arrivals:** AGA reserves the right to terminate any patient-physician relationship. AGA will document all missed appointments and request the patient find another treating physician after (3) three missed appointments or No-Shows. **Initial**
4. **Lost Items:** Request to replace lost items generated by AGA (i.e., Lab Requisitions, Orders, etc.) will be subject to a \$15.00 replacement fee. This is not a covered insurance benefit and will be the patient's responsibility to cover the expense. Payment is due prior to the request being released. **Initial**
5. **Letters:** If you request AGA to generate a letter or complete FMLA forms on your behalf, we will provide the first form / letter at no charge. Duplicate requests for letter or forms previously provided will be subject to a fee of \$25.00. This is not a covered insurance benefit and will be the patient's responsibility to cover the expense. Payment is due prior to the request being released. **Initial**
6. **Labs - Reporting and Results:** AGA receives lab results 1 to 2 weeks after the test is administered by the lab, however, some results may have a longer turnaround. Mammogram results are provided as listed below, however the patient may also receive a written report directly from the Radiologist.
 - a. **Abnormal Results:** If lab results are abnormal, the Nurse will contact you with Physician instructions.
 - b. **Normal Results: NO NEWS IS GOOD NEWS.** The Nurse ***may not*** contact you with normal results; however you may contact the Nurse for results. **Initial**
 - c. **Lab Results not ordered by AGA Physicians:** Discussion of these lab results will be by **appointment only**. You will be responsible for bringing a copy the results with you for the appointment; therefore, please schedule your appointment **AFTER** you received results from the ordering physician.
7. **Prescriptions:** For refills request, you must contact your pharmacy. To replace a lost written prescription or to have the same prescription sent to a different pharmacy there will \$15.00 fee. **Initial**
8. **Billing:**
 - a. **Returned Checks:** Returned checks are subject to a \$35.00 fee. The NSF fee plus the amount due for the office visit must be paid via cash, credit/debit card or money order. All future transactions will be processed as via cash, credit/debit card or money order. **Initial**
 - b. **Collection Fees:** In the event your account is sent to our collection agency, AGA reserve the right to bill the patient for fees associated with the collection process. **Initial**

Austin Gynecology Associates, PA

PATIENT COMMUNICATION POLICY

AGA will contact patients at the primary number provided, or occasionally by mail in to communicate **confidential medical information** such as lab results and or treatment options. Contact methods may include speaking with your medical representative. If we cannot talk to a person, AGA will, at our discretion, leave a voicemail that may contain your lab results or treatment options or request a call back from the patient.

If you have a medical representative, by listing their name below, you are authorizing AGA to speak with him / her about your treatment options and / or lab results either in person or over the telephone.

Are the methods of communication described above satisfactory? Yes No

If no, please indicate below your preferred method of contact:

I HAVE READ AGA OFFICE AND PATIENT COMMUNICIATION POLICIES AND HAVE RECEIVED A COPY FOR MY REFERENCE. BY SIGNING THIS FORM, I UNDERSTAND THE ABOVE TERMS AND CONDITIONS AS OUTLINED AND WILL ADHERE TO THIS POLICY.

Print Name _____

Please sign here _____ Date _____

WITNESS: _____ DATE: _____