

OFFICE POLICIES TEXAS HILLS URGENT CARE CENTERS

Thank you for choosing our office to provide your urgent medical care. We appreciate your trust and look forward to working with you. In order to better serve you, we ask that all of our patients read and sign our OFFICE POLICIES. If you have any questions, please feel free to ask.

1. **VERIFYING INSURANCE COVERAGE:** As a courtesy to you, we will verify your insurance for eligibility benefits when you arrive to our office. We will check for any deductibles, coinsurance, copayments and coverage of any other service that may be pertinent to your treatment. You are ultimately responsible for knowing if there are any non-covered services, deductibles or special policy provisions specific to your plan. You will be responsible for paying any deductible, coinsurance, copayment or non-covered service today.
2. **PAYMENT:** Payment is due at the time of service. Additionally, if you have a balance following an insurance payment for a previous visit, you will be expected to pay that amount as well. Balances sent to collections will be collected prior to seeing the doctor today.
3. **INSURANCE INFORMATION:** **New insurance** coverage as well as **any changes in insurance** must be provided at the time of your visit. Failure to provide correct and current insurance information will result in the entire bill being YOUR responsibility.
4. **CHANGES IN PERSONAL INFORMATION:** Any changes in your marital status, address, or telephone number must be provided to our office to ensure our records have accurate and current information.
5. **BALANCES:** If your account balance exceeds 30 days from the 1st statement, a minimum one time late fee of \$7.50 or 5% (greater of the two) is placed on your bill in addition to the overdue balance. If payment is made in person or over the phone within 10 days of the statement date, the late fee will be removed. If your account is turned over to a collection agency, a collection fee (currently 35% of the balance) will be added to your account balance. The collection agency will report any unpaid balance owed to major credit bureaus. Our office will not remove any credit record reporting that was placed on your credit report even after payment is made.
6. **RETURNED CHECKS:** There will be a \$30 fee for all returned checks or payments stopped after services are paid for. The amount of the check plus the fee must be paid within 10 days of notification by money order, cash, or credit card or prosecution through the District Attorney's office will be authorized.
7. **MINIMUM OFFICE VISIT CHARGE:** If you have been checked in, triaged (vital signs taken, history of present illness documented, etc) by a nurse, and are put into a room to be seen by a physician, and you choose to leave without being seen by a physician, you will be charged a minimum nurse visit charge plus the cost of any tests performed. Nurse visit charges are

currently \$55 for established patients and \$75 for new patients. Insurance copayments and deductibles will apply.

8. **PRESCRIPTION REFILLS:** Refills for medications prescribed by our physicians will not be refilled by our office. If a refill of a prescription is requested, you must be re-evaluated by a physician, or discuss the need for a refill of the medication prescribed, or must obtain further refills from your primary care physician.

AFTER HOURS/HOLIDAY/ WEEKEND VISITS

If you are seen in our office after 5PM Monday-Friday, on a Saturday or Sunday, or on a Federal Holiday, you will see an add-on code to the services received. The CPT code 99051 is an "urgent care" code used in this circumstance. The CPT description of this code as "after hours" is confusing. The insurance industry and the AMA has specified that this code is to be used when patients are seen outside of the hours of 8-5 Monday - Friday and when patients are seen on official federal holidays (M.L. King Day, Memorial Day, Labor Day, etc) in addition to the regular office visit codes (99201-99205 for new patients and 99211-99215 for established patients). In all cases, the code 99051 does not refer to the posted hours of operation, but instead refers to patients seen outside of the customary office hours described above. The primary reason that these codes are used in Urgent Care Centers is that the cost to provide services to patients in this setting is higher than at other types of outpatient medical practices (family doctor, pediatric, internal medicine practices etc.) This additional cost of providing these services in an urgent care setting was acknowledged by insurance companies and is why they have agreed and even stipulated the proper use of these codes in how they process claims from urgent care providers. The insurance companies recognize that even with the slightly increased cost of providing services in an urgent care setting that the cost is still only a small fraction of the cost incurred when one of their insured goes to the hospital emergency room.

NOTICE OF PRIVACY PRACTICES

Texas Hills Urgent Care Centers' Notice of Privacy Practices is posted. I am receiving this practice's Notice of Privacy Practices written in plain language. The Notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights, and the practice's legal duties with respect to my protected health information. The notice includes:

- A statement that this practice is required by law to maintain the privacy of protected health information.
- A statement that this practice is required to abide by the terms of the notice currently in effect.
- Types of uses and disclosures that this practice is permitted to make for each of the following purposes: treatment, payment, and healthcare operations.
- A description of each of the other purposes for which this practice is permitted or required to use or disclose protected health information without my written consent or authorization.
- A description of uses and disclosures that are prohibited or materially limited by law.
- A description of other uses and disclosures that will be made only with my written authorization and that I may revoke such authorization.
- My individual rights with respect to protected health information and a brief description of how I may exercise these rights in relation to:
 1. The right to complain to this practice and to the Secretary of HHS if I believe my privacy rights have been violated and that no retaliatory actions against me in the event of such a complaint.
 - a. The right to request restrictions on certain uses and disclosures of my protected health information and that this practice is not required to agree to a requested restriction.
 2. The right to receive confidential communications of protected health information.
 3. The right to inspect and copy protected health information.
 4. The right to amend protected health information.
 5. The right to receive accounting of disclosures of protected health information.
 6. The right to obtain a paper copy of the Notice of Privacy Practices upon request.

This practice reserves the right to change the terms of its Notice of Privacy Practices and to make new provisions effective for all protected health information that it maintains. I understand that I can obtain these practices current Notice of Privacy Practices on request.



Texas Hills Urgent Care Centers

OFFICE POLICIES

EXPLANATION OF AFTER HOURS ADD-ON CODES

NOTICE OF PRIVACY PRACTICES