

OFFICE POLICIES
2016

APPOINTMENTS

All patients are seen by appointment only. We are not a walk-in facility. We ask that all our patients be on time so that we can stay on schedule, minimizing other patients' inconvenience. We make every attempt to stay on schedule, and we ask your help in this.

If you have a concern in addition to the reason for your scheduled visit, please let our staff know when you schedule or when you arrive. We will always try to accommodate these requests, but in some cases we will have to ask you to make another appointment to avoid inconveniencing other patients. If you have any forms that need completion, such as letters to employers, schools, probation or disability paper work, please let us know when you schedule your visit and again when you check-in.

We understand that there are weather and traffic problems, and attempt to be flexible around issues such as these. Please contact us as soon as you realize you are unable to keep an appointment as it allows us to offer that time to another patient and allows you to avoid paying for an un-kept appointment. If you are running late, please call us to determine whether you should come late or reschedule. In the event of a cancellation, patients are asked to contact the office at least 24 hours in advance.

There is a \$25.00 fee for any visits cancelled in less than 24 hours, and for not showing up to your appointment without calling. We MAY provide a courtesy reminder phone call a business day before your scheduled appointment; however, YOU are responsible for keeping track of YOUR appointments. **All patients who do not call us will be charged the no-show fee so please do not ask for adjustments to your account.** It is not our intent to charge our patients additional money but it is very costly if you miss your appointment and do not give us time to schedule another patient in your timeslot. We also cannot keep the schedule running smoothly when patients no-show appointments.

Due to the nature of our business, emergencies sometimes happen, which may cause delay in our schedule. If this happens we will try to contact our patients to give them the option to come in at a later time or to reschedule at their convenience. We truly appreciate your cooperation and understanding. Please try to understand if you have to wait for the Provider.

This policy enables us to maintain a high level of service for all our patients.

PRIOR TO YOUR FIRST APPOINTMENT

Like all doctors' offices, we have some paperwork we need new patients to complete. For your first appointment, you are asked to complete a Patient Information Form, sign a copy of office policies, sign an acknowledgement of our privacy policies (HIPPA), complete a medical history form, and approximately three symptom assessment forms. These forms should be completed prior to your new patient appointment. If you do not complete the prior to your appointment please arrive a half-hour early prior to your scheduled appointment to complete them in the office. If your forms are not completed, by your scheduled appointment time your appointment will be rescheduled.

AT YOUR APPOINTMENT

Please arrive a few minutes prior to your appointment time and bring your Insurance Card and Co-pay, we accept payment by cash, check, or credit card (we take most major credit cards).

PHONE CALLS

Please listen to the voice mail prompts if an office member does not answer your phone call. Phone calls will be returned within 24 hours with the exception of weekends or holidays. If you are having an acute

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problem we will call you back as promptly as possible during the business day. If you have a sudden worsening of symptoms you will be directed to the nearest emergency room. After hours calls will be returned the next business day if it is not an emergency. The Provider will not return an after hours message if it is about prescription refills.

Because of ethical and legal reasons, we do not conduct phone appointments. **Telephone contact with the provider matching or exceeding an allotted duration or resulting in changes to your medication will incur a charge of \$55.00.**

PRESCRIPTION MEDICATIONS

Patients requiring medications are provided with a prescription at the time of their visit. You will be asked to sign a "Prescription Agreement" or "Controlled Substance Prescription Agreement" that further delineates our specific prescription policies.

You are responsible for knowing when your medication(s) will need to be refilled. It is never a good idea to let your prescriptions run completely out! Prescription refills should be requested through your pharmacy. They will then fax us a refill request. We require a 48-hour notice for routine refill requests (The 48-hour time-period does not include weekends or holidays). The required time frame is because the refill process requires pulling your chart and reviewing it for data to be sure the refill is correct and appropriate. Prescriptions medications will be refilled Monday through Friday during normal clinic hours. The office staff is not able to give you your prescription unless Ms. Gia Swope F.N.P. has authorized and signed your prescriptions. Additionally, **do not walk into our office with the expectation of having your prescription refilled while you wait.**

After your provider receives your refill request, she will decide whether to refill your medication. We strictly adhere to the State and Federal Rules governing prescription medications. **The State of Idaho Board of Pharmacy requires a medical evaluation prior to the issuance of a prescription at a maximum of every six months.** If it has been six months since you have been seen, your provider may ask to have you come into see her before prescribing more medication. Renewal/Refills are contingent on keeping scheduled appointments. Failure to keep scheduled appointments may result in cessation of prescriptions from this office.

INSURANCE INFORMATION

Gia Swope F.N.P. works with most medical insurances.

In addition to regular insurance, we handle Crime Victims Compensation claims and some "Workers' Compensation" claims. **These types of claims must be initiated and authorized by the State of Idaho's Industrial Commission. WE DO NOT ACCEPT MEDICARE OR MEDICAID.**

We also accept patients who are uninsured, see "Billing Information" below.

BILLING INFORMATION

Your medical insurance policy is a contract between you and the insurance carrier; we are not a party to that contract. Please know the details (e.g. co-pay, deductible, etc.) concerning your particular insurance contract. As a courtesy, we will contact your insurance company to verify coverage. **THIS DOES NOT GUARANTEE PAYMENT OF SERVICES.** Not all services are covered benefits in all insurance contracts.

You are responsible for all charges. As a courtesy, we will file claims for our services with your primary insurance company. If you have secondary insurance, we will file a claim with them as well. Once we know your insurance has been paid in full, the remaining portion of the bill is then transferred to you.

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It is your duty to provide us with accurate, up-to-date insurance information.

All new patients must sign the registration form that includes a statement assigning insurance benefits to be paid directly to Gia Swope F.N.P.

You must make your co-pay at the time of service; a \$5.00 fee will be added if we have to bill for it.

If you do not have medical insurance, you are required to pay a \$115.00 to establish an account at the time of your first visit. At future visits, you are required to pay \$55.00 on your account on the day of service. You will not be rescheduled if you do not pay on the day of service or if your account becomes delinquent for any other reason. Accounts may be pre-paid.

Your prompt payment is expected; bills are payable upon receipt.

Please contact our office if your financial obligation to us becomes delinquent. We will work with you to avoid a situation that would require turning your account over to a collection agency.

We accept payment by cash, check, or credit card (we take most major credit cards). A \$20.00 non-sufficient fund fee will be added to your account on returned checks and your account will be put into a "cash or credit only" status.

PRIVACY POLICY

Protecting your medical information is of the utmost importance to us. We are required by law to maintain the privacy of protected health information and we comply with all applicable state and federal laws. As such, a Notice of Privacy Practices is distributed to all of our patients and we must receive signed acknowledgment of it. If you have not received a Notice of Privacy Practices, please request one.

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Please sign below to verify that you have received a copy of the office policies, have had the opportunity to read and ask questions regarding any of the policies and that you agree to abide by the terms during our professional relationship.

Signature: _____

Date: _____

(If the patient is unable to sign, the parent/guardian/power of attorney may sign here instead)

Printed name of Patient: _____