



Emmanuel Family Clinic-Saluda

Franco B Godoy, MD Gisella E Godoy, MD Candace Lawer-Johnson, FNP
501 W Butler Avenue Saluda, SC 29138
Phone: (864) 445-2250 Fax: (877)870-2854

Dear New Patient,

Thank you for choosing Emmanuel Family Clinic of Saluda as your Primary Care Provider.

Our clinic requires pre-registration for all our new patients. This service allows our nurses to review your health information as well as enable us time to verify all demographic and insurance information prior to your visit thus decreasing your wait time when you arrive for your visit. Please remember that all copayment, deductibles and any other patient responsibilities are due prior to or at the time of service.

Options for pre-registration:

- Visit our website at www.efcsaluda.com and click on New Patient Pre-registration Packet.
 - Print pre-registration forms and fill out all information.
 - Email, mail or fax all forms along with a copy of your current insurance card (front and back), driver's license, and social security card.
- Visit our office Monday, Tuesday, Thursday and Friday from 8:00am-5:00 pm and Wednesday 8:00am-1:00pm and ask for New Patient Pre-registration Packet.
 - Bring all completed pre-registration forms along with current insurance card, driver's license, and social security card.

These options are available for your convenience and one of our friendly office staff will be glad to assist you.

After your initial appointment, please arrive at least 15 minutes prior to any established appointment to fill out any additional medical forms (if required), update any necessary information and submit payment for any co-pay, deductible or coinsurance.

Thank you in advance for your cooperation and we look forward to seeing you on your appointment day,

Sincerely,

Emmanuel Family Clinic of Saluda Staff



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NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Uses and Disclosure:

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical condition, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your health information may be used to seek payment from your health plan. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health Care Operations: Your health information may be used as necessary to support the day-to-day activities and management of Emmanuel Family Clinic of Saluda. For example, information on the services you received may be used to support budgeting, financial reporting, and quality initiatives.

Law Enforcement: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate a law enforcement investigation, and to comply with government-mandated reporting.

Public Health Reporting: Your health information may be disclosed to public health agencies, as required by law. For example, we are required to report certain communicable diseases to the state's health department.

Other: Other uses and disclosures of your health information require your authorization. Disclosure of your health information or its uses for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing use of your information, you may submit a written revocation of the authorization. However, your



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decision to revoke the authorization will not affect or undo any uses or disclosures of information that occurred before your notified us of your decision to revoke authorization.

Additional Uses of Information:

Appointment Reminder: Your health information will be used by our staff to send you appointment reminders.

Information about Treatment: Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and services which we believe may interest you.

Individual Rights:

You have certain rights under the federal privacy standards. They include the following:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

Emmanuel Family Clinic of Saluda Duties:

By law, we are required to maintain the privacy of your personal health information and to provide you with this notice of privacy practices. We are also required to abide by privacy policies and practices that are outlined in this notice.



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Right to Revise Privacy Practices:

As permitted by federal regulations, we require a written request to inspect or copy protected health information. You may obtain a form to request access to your records by contacting the Compliance Officer or one of our receptionists.

Contact:

The name and address you can contact for further information concerning our privacy practices are listed below. If you would like to submit a comment or complaint about our privacy practices, you may do so by sending a letter outlining your concerns to the following:

Emmanuel Family Clinic of Saluda
501 West Butler Ave
Saluda, SC 29138

You will not be penalized or otherwise retaliated against for filing a complaint.



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EMMANUEL FAMILY CLINIC

FINANTIAL POLICY

Thank you for choosing Emmanuel Family Clinic of Saluda for your healthcare needs. This policy was created to outline our expectations of you regarding your financial responsibilities to this clinic.

ALL PAYMENTS ARE EXPECTED AT THE TIME OF SERVICE

As a patient of Emmanuel Family Clinic of Saluda you will be required to sign a financial responsibility form. Payment is required at the time services are rendered unless other arrangements have been made in the advance. Patients with an outstanding balance must make arrangements prior to scheduling appointments. **Any two consecutive months without payment or contact with the billing department will cause the reaming balance to be turned over to collections.**

INSURANCE

We bill participating insurance *companies* as a courtesy service to you. You are expected to pay your ***deductible and co-payments or coinsurance*** at the time of service. On occasion, your insurance may determine that the services you received are not covered. ***Please read your insurance handbook and be aware of services that are considered non-covered.*** When in doubt, contact your insurance company directly for clarification. You will be responsible for services not covered by your insurance plan. If we do not receive payment from your insurance company within 90 days of the claim filing date, patients will be expected to pay the balance in full.



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SELF-PAY PATIENTS

Self-pay patient and patient who present without proof of insurance for verification is required to pay for services in full at the time services are rendered.

We understand that affordable insurance coverage is not readily available for all of our patients. We also realize the lack of insurance coverage may determine the level of care that individual seek for themselves or their families. Bearing that in mind, our Self-Pay policy includes discounted rated for our services. **PLEASE NOTE YOUR BALANCE TODAY IS AN ESTIMATE OF YOUR CHARGES. YOU MAY STILL RECEIVE A BILL FOR SERVICES RENDERED.**

FORMS OF PAYMENT

We accept Cash, Checks, VISA, Master Card and Discover.

RETURNED CHECKS

All returned checks will have a charge of 30 dollars plus other charges apply by the bank. Any returned check must be taken care of prior to scheduling an appointment. In the event of a second returned check, this method of payment will no longer be accepted.

APPOINTMENTS

If at any time you are unable to make your appointment, please notify us at least 24-48 business hour in advance. We would be glad to reschedule your appointment at a more favorable time, if necessary.

I have read and understand the Emmanuel Family Clinic's Financial Policy.

Printed Name of Insured or Authorized Representative: _____

Signature of Insured or Authorized Representative: _____

Date: _____



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Patient Notification Regarding Radiology and Laboratory Services

Please be advised that if you receive any technical services such as x-rays and pathology, you will be billed the professional services by other providers as well. For example, your pathologist and radiologist (**those who interpret lab and x-rays**) bill separately from our clinic and may not participate in the same health plans as Emmanuel Family Clinic of Saluda. You will be responsible for paying these providers subject to the terms of your health plan or insurance, if any.

If you have questions regarding these bills, please call the billing phone number located on the statement you received.

Printed Name of Insured or Authorized Representative

Signature of Insured or Authorized Representative

Date: _____