

Rupen Joshi MD LLC
New office policies Effective 1-1-2018

1. **Copays, deductibles and past due balances** must be paid before you can see the doctor. If you have an unmet deductible, a payment of \$100 will have to be paid upfront at time of service.
2. **If you do not have your copay** or deductible at time of visit your appointment will be rescheduled. No Exceptions!
3. **Patients are responsible** to pay for any tests/injections or procedures that your insurance does not pay for.
4. **Patients are responsible to let us know which laboratory** they need to go to for lab tests. You must find this information out from your insurance company we do not have this information! We are not responsible if you go to a lab that is not listed in your insurance contract.
5. **All payments and balances due must be paid within 30 days** of receiving a statement in the mail. No new appointment can be created for you until this balance is paid in full. And if payment is not paid within 3 months or 3 billing cycles than patient will be discharged from the practice.
6. **If you are unable to keep your scheduled appointment**, please let us know 24 hours prior to your visit. If you do not show to your appointment, a \$25 fee will be added to your account. If you do not show to 3 or more appointments, no new appointment will be created for you and the doctor will not refill any medications for you.
7. **If you do not come for a follow-up visit** as instructed by the doctor, than he WILL NOT be able to phone in any medication refills for you.
8. **Due to the high volume of telephone refill requests**, we ask all patients to have all of their medicines refilled at time of their visit. If you call us after your visit, a **fee of \$10** will be charged. In order to avoid this fee, please have all of your prescriptions refilled by the doctor at your scheduled appointment!
9. **Once a patient has been discharged** by Dr. Joshi from this practice, he cannot be treated in any way by this office. This includes but is not limited to medication refills and filling out any type of paperwork.
10. **You must bring All of your insurance cards** to your appointment. We no longer accept any letters from the insurance company as proof of coverage. We will re-verify your insurance coverage at every visit.
11. **Please let us know of any changes to your address**, phone number or insurance ASAP. We cannot send you any important messages or give

you vital information regarding your health if we do not have this information.

12. **If you have a new insurance, please call our office** as soon as you get your new ID number so we can put it in your chart and verify your insurance **BEFORE** you come to your next appointment. This allows us to get you in and out quicker as less time will have to be spent verifying your insurance if we have this information sooner.
13. **There is a flat \$25 charge for all forms** needed to be filled out by doctor. We need 3-5 business days to fill out any form.
14. **All medical record requests** will be handled as soon as payment is received by the agency that is requesting the records. We will send an invoice to your agency but until payment is made we cannot release any medical records.
15. **There is a 24-48 hour waiting to refill any medication** so please do not wait until you are on your last pill before you let the doctor know you need a refill. Please refill your prescriptions at time of your appointment so you can avoid paying the \$10 fee for calling in a refill over the phone after your appointment.
16. **We will not release any medical records** or perform any services for you until your BALANCE IS PAID IN FULL.
17. **All referrals/pre-certifications** and authorizations will be called in by our nurse 48 hours after your appointment. Please do not keep calling the nurse regarding this as this will delay the processing of your referral. The nurse will call you once it is done if necessary.
18. **There is a \$25 service charge** for all returned checks.
19. **If you lose a check** given from our office for any reason, a \$30 stop payment fee must be paid before a new check can be issued to you.
20. **Patients are responsible for any and all changes to their insurance.** If you change insurances to an insurance that we do **not accept**, then we will no longer be able to see you as a patient. You must have a valid insurance that we accept to be able to continue as a patient. If your insurance delays payment or denies any payment, it is patients' responsibility to pay for their visit before another appointment can be given. If you have any questions regarding a bill, please call your insurance company first. They have more information than we do regarding your deductibles, copays and laboratory fees than we do.
21. **If you have a new insurance card**, please call our office right away and give us the new insurance id number and name.
22. **If you are having a medical emergency**, chest pain, wheezing, broken bones, intensive pain of any kind or profuse bleeding, please

DO NOT CALL OUR OFFICE. Please call 911 or go to your nearest hospital emergency room as Dr. Joshi cannot treat medical emergencies.

Please read over carefully all office policies then sign and date this form:

Print Name: _____

Sign here _____, Date _____