

## Financial Policy

### PROOF OF INSURANCE:

**Payment is due at the time of service, which includes applicable co-pays, deductibles, and coinsurance.** Please bring your insurance card(s) with you to every appointment. It is your responsibility to inform the front desk when a change to your insurance occurs. Verification of benefits is required. If benefits cannot be verified, you are responsible for payment in full for services rendered. All charges are your responsibility whether covered by insurance or not. We will not be involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, secondary insurance, etc. **Not all services are covered benefits in all contracts. Insurance companies may elect not to cover certain services.**

#### 1. PAYMENT IS DUE AT THE TIME OF SERVICE:

We accept cash, debit, and credit cards. **All deductibles, copays, and non-covered services are due at time services are rendered.** If you have Medicare, but Medicare may deem the treatment as “medically unnecessary” according to HCFA payment guidelines, you will be required to sign a waiver (**advanced beneficiary notice**) prior to treatment and payment is due at check-out. All Medicare patients will be required to pay the 20% copay based upon the current Medicare Fee Schedule at the check-out counter unless proof of a secondary policy is evident. Pre-determined copays are due when you check-in for your appointment. If your copay is based on a percent (ex. 20% is patient responsibility) and you do not have a secondary policy, please be prepared to pay. Insurance claims are filed as a courtesy; you are ultimately responsible for the rendered services. **If the insurance balance is not paid within 90 days, the balance may be released to you.**

#### 2. NON-COVERED SERVICES:

You are responsible for services that are considered non-covered by your plan, are denied due to benefit limits or termination of coverage, deductibles, co-insurance, and/or co-pay balances not collected at the time services are rendered

#### 3. THIRD PARTY INSURANCE:

*David A. Ramos, M.D., P.A., dba R Family Medical Group* does not accept Third Party Insurance & Worker’s Compensation as a form of payment. This includes automobile insurance and third-party liability. We will provide you with the information needed to submit a claim for reimbursement, but we will consider all charges your responsibility.

#### 4. ACCOUNTING PRINCIPALS:

Payment and credits are applied to the oldest charges firsts, except for insurance payments which are applied to the corresponding dates of service.

#### 5. DIVORCED PARENTS OF PATIENTS:

By signing below, the adult who signs a minor child into our practice in the day of service accepts responsibility for payment. Our office is not required to send bills or records to the other parent/guardian for issues of payment or communication. We will communicate regarding treatment and payment with the parent who signs that day. Parents are responsible between themselves to communicate with each other about the treatment and payment issues.



**6. STATEMENTS AND RECEIPTS:**

*David A. Ramos, M.D., P.A., dba R Family Medical Group* does not routinely mail statements. You are entitled to a receipt for any payment made at *R Family Medical Group*. You may also request a statement for your account with *R Family Medical Group* at any time by calling our office at 210-533-0257. Up to two requests for the same statement are free of charge. On the third request for the same statement, we are entitled to charge a service fee.

**7. FINANCIAL ASSISTANCE:**

Our office treats patients regardless of financial status. If you do not have insurance, have maximized your benefits, have a high deductible, or you are currently medically indigent or financially indigent but not eligible for Public Assistance or Medicaid, please ask to speak with the Office Manager.

**8. PAST DUE AND DELINQUENT ACCOUNTS:**

Failure to meet your financial obligations may result in reporting to our contracted collections agency who in turn may report you to the credit bureau, filing a judgment in small claims court, or other collection actions against you. In certain circumstances, this may result in termination as a patient from this facility. All attorney fees, court costs and other expenses related to collecting your account will be added to your outstanding balance.

**9. PROFESSIONAL COURTESY POLICY:**

There is zero tolerance for “professional courtesy” extended to any office staff, members of the physician’s family, friends, colleagues, clients, patients, or referrals. The purpose of this policy is to remain compliant with the Civil False Claims Act and the Anti-Kickback Statutes when making write-off’s, adjustments, discounts, and no charges. Our Provider(s) require you to direct all financial concerns to the Administrative Staff.

**COMPLAINTS AND QUESTIONS**

If you have any questions that have not been answered by this packet, or would like to file a compliant, please contact our **Billing Department at 210-533-0257**. If you would like to file a complaint about the services received at *David A. Ramos, M.D., P.A., dba R Family Medical Group*, you may call the Texas Medical Board at 1-800-201-9353 or write to:

Texas Medical Board  
Investigations Department, MC-263,  
P.O. Box 2018  
Austin, Texas 78768-2018.

**INFORMATION ON  
PREVENTATIVE CARE VISITS**

All physicals, well-woman exams, and well-child exams are considered preventative care visits and may be covered by insurance. These visits cover general check-ups, routine cancer screenings, immunization and counseling on diet and exercise, child development and vitamin supplements. Subsequently, insurance companies will not cover non-preventative care issues raised during a preventative care visit. As such, we strongly encourage you to make a separate, follow-up appointment with your provider for medical concerns unrelated to your preventative care. Doing so allows our staff to schedule the appropriate amount of time to address your medical concerns and may prevent your insurance company from applying additional charges for services unrelated to preventative care.

**We thank you for your understanding in this matter.**



## OFFICE PROTOCOL AGREEMENT

We are pleased you have chosen *David A. Ramos, MD PA DBA R Family Medical Group* as your healthcare provider. As part of the new patient (initial) visit, we need you to fill out paperwork that pertains to your patient information, insurance coverage, communication and HIPAA authorization, and Pre-Authorized Credit Card Information.

We request you arrive **15 minutes** prior to your appointment time to check in and complete paperwork. We also request you bring all medications, including over the counter medications and supplements, picture ID, and insurance cards. If your address on the picture ID is incorrect, we request another type of identification to confirm an accurate address. If you are scheduled for a remote visit (TeleVisit, Facetime, Duo, etc.), please call our office 15 mins prior to your appointment time to confirm your availability. Our office may provide further instructions as needed.

The following protocols are necessary to provide appropriate care for all our patients. Please review and initial each entry indicating you understand these office protocols and agree to abide by them. Lack of signature does not invalidate these protocols.

1. I understand that refill requests may be sent through the Patient Portal and over the phone. I understand I may need to schedule an appointment to have a refill request approved. \_\_\_\_\_ (initials)
2. I understand that lab results are available on the Patient Portal after being reviewed by my provider. I understand I need to schedule a follow-up appointment for in-depth discussion on lab and test results. \_\_\_\_\_ (initials)

3. I understand that I am an active participant in my healthcare and agree to abide by the treatment plan given and reviewed at each visit. I understand that any changes in condition may need an office visit for reassessment. \_\_\_\_\_ (initials)
4. I understand that this practice utilizes mid-level practitioners, such as Physician's Assistants and Nurse Practitioners. They provide care in terms of assessing new patients; assessing patients on routine follow ups; assessing any changes in conditions; education of patient conditions, medications, and treatment options. \_\_\_\_\_ (initials)
5. I understand that my access to care remotely and on site will require my behavior to be in a manner that is respectful to staff. I agree to refrain from behavior such as: yelling, cursing, name calling, or multiple calls in the same day. I understand that this behavior may terminate my relationship with this practice. \_\_\_\_\_ (initials)

### AFTER HOUR CALLS

After-hours calls will be answered by our automated service. In case of an urgent matter that cannot wait for the next business day, you may reach the on-call provider. There will be a \$25.00 fee for after-hours consultations. **We will not call-in new prescriptions or refill prescriptions after hours.** Please make prescription refills and appointment requests during regular office hours.

### SUPPLEMENT PURCHASE

Supplements purchased at our practice are not intended to diagnose, treat, cure, or prevent any disease and have not been evaluated by the FDA. The purchase of these supplements from *David A. Ramos, MD PA DBA R Family Medical Group* is strictly optional.





**APPOINTMENT REMINDERS, TREATMENT ALTERNATIVES, AND OTHER HEALTH-RELATED BENEFITS**

We may contact you by telephone, mail, and email to provide appointment reminders, notice of programs/events, and other services that may benefit the patient experience.

**OUR PROMISE TO YOU**

We are required by law to protect the privacy of your medical information, to provide you notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect. Please consult with our front desk for an up-to-date copy of our privacy policy.

**CONTACT PERSON FOR REQUESTS**

If you have any questions or want to make a request pursuant to the rights described above, please contact:

David A. Ramos, MD PA DBA  
R Family Medical Group  
Privacy Officer  
3110 Nogalitos Suite 105  
San Antonio, Texas 78225  
Phone: 210-533-0257 Fax: 210-534-0890

This notice is effective on the following date: January 1, 2018. We may change our policies and this notice at any time and have those revised policies apply all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen.

**ASSIGNMENT OF BENEFITS/RIGHTS FOR DIRECT PAYMENT TO DOCTOR (PRIVATE, GROUP ACCIDENT AND HEALTH INSURANCE)**

I hereby instruct and direct \_\_\_\_\_ (Insurance Company) to make payment by check

or electronically directly to: David A. Ramos, MD PA for professional and/or medical expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for professional services rendered

**MEDICARE ASSIGNMENT OF BENEFITS/RIGHTS FOR DIRECT PAYMENT TO DOCTOR**

I request that payment of authorized Medicare benefits be made on my behalf to David A. Ramos, MD PA DBA R Family Medical Group for services furnished to me by the provider. I authorize any holder of medical information about me to release to the Healthcare Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

**THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY.**

This payment will not exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay any balance of said professional service charges over and above this insurance payment.

I also understand and agree that I am ultimately responsible for all fees including reasonable collection costs. This assignment of benefits does not release me from my obligation to pay professional fees.

**A PHOTOCOPY OF THIS ASSIGNMENT SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL**

I authorize the release of any information pertinent to my case to any insurance company, adjuster or attorney involved in this case.

\_\_\_\_\_ (Initials)



**PRESCRIPTION REFILL PROTOCCOL**

To better serve our patients, David A. Ramos, MD PA DBA R Family Medical Group has adopted the following policy. Upon notifying our office of your prescription refill request, either by phone or electronically, please allow 24 to 48 hours for your prescription to be called into the pharmacy.

REFILLS FOR CONTROLLED SUBSTANCES WILL ONLY BE PERFORMED ON SCHEDULED APPOINTMENTS.

It is the patient’s responsibility to track their remaining prescription and determine if they are low. To facilitate this process, we ask patients schedule a follow up appointment at each visit for controlled substances. David A. Ramos, MD PA DBA R Family Medical Group will NOT refill prescriptions after hours, on weekends, or on holidays. If the prescription is misplaced, stolen, or you use the prescription more rapidly than what it is directed it will NOT be replaced. \_\_\_\_\_(Initials)

**CONTROLLED SUBSTANCE POLICY STATEMENT**

Controlled substances are intended to alleviate ailments as determined by your provider; however, they also hold a high potential for abuse. Controlled substances of concern include narcotics (TRAMADOL, OXYCODONE, DILAUDID, etc.) and anti-anxiety medications (ATIVAN, XANAX, VALIUM, etc.).

- I understand with controlled substance therapy (narcotics), it is expected that I may need to undergo random urine drug testing as part of my treatment plan.
- Refills will occur on a monthly basis. NO REFILLS WILL BE MADE OVER THE TELEPHONE, GIVEN AFTER HOURS, ON WEEKENDS, AND/OR HOLIDAYS.
- Renewals are contingent on keeping scheduled appointments.

- If refill requests are made after hours, you will be instructed by the answering service to go to an emergency room of your choice.
- **Any evidence of forged prescriptions, substance abuse, or aberrant behavior (including verbal abuse to our office staff) will result in termination of patient-physician relationship.**

NOTE: Patients who are prescribed a Controlled Substance will be required to sign an annual Controlled Substance Policy Form.

\_\_\_\_\_ (Initials)

**TESTOSTERONE POLICY**

If requested, patients may have testosterone administered by our staff for a \$15 administration fee. Patients who elect to self-administer their testosterone injection understand that David A. Ramos, MD PA DBA R Family Medical Group requires said patient to schedule an appointment for training on how to self-administer the testosterone injection.

\_\_\_\_\_ (Initials)

**PHYSICIAN DISCLOSURE**

As required by Section 102.006 of the Texas Occupations Code, Texas law requires a physician to disclose to a patient those arrangements permitted under applicable Texas law whereby such physician accepts remuneration to secure or solicit a patient or patronage for a person licensed, certified, or registered by a Texas healthcare regulatory agency.

The purpose of this Disclosure is to notify you, the patient, that your attending physician(s) may receive remuneration for referring you to certain diagnostic testing laboratories, pharmacies and/or other ancillary healthcare providers, for certain toxicology and pharmacogenomic testing services, compounding pharmacy products, diagnostic imaging services and other ancillary healthcare services.





Accordingly, I hereby acknowledge that my attending physician(s) have disclosed to me, at the time of initial contact and at the time of referral (i) his or her affiliation, if any, with the diagnostic testing laboratory, pharmacy, or other ancillary healthcare provider for whom, I, the patient, am being referred, and (ii) that he/she will receive, directly or indirectly, remuneration for the referral to such diagnostic testing laboratory, pharmacy, or other ancillary healthcare provider. I understand that I, the patient, have the right to choose the providers of my healthcare services and/or products and, as such, I have the option of receiving ancillary healthcare services from any ancillary healthcare provider and/or facility that I choose.

#### **PROVIDER TO PROVIDER INFORMATION EXCHANGE**

Our electronic medical records provider, eClinicalWorks, is part of a Provider-to-Provider Information Exchange. This Exchange allows providers to exchange patient information.

As a patient you can opt IN or Out of the Provider-to-Provider Information Exchange. By opting IN, R Family Medical Group will be able to obtain your patient information from any hospital, pharmacy or physician that is part of the CommonWell or Care Quality Network.

(Choose One)

- I elect to opt into the Provider-to-Provider Information exchange. \_\_\_\_\_ **(initials)**
  
- I elect to opt Out of the Provider-to-Provider Information exchange. \_\_\_\_\_ **(initials)**