



Lanier Family Healthcare

Gary S. Orris M.D

Financial Policy and Office Procedures

Thank you for choosing Lanier Family Healthcare as your primary Provider. This is a contract between the patient and LFH. Please read the following document carefully and sign at the bottom in the space provided. This contract will become part of your medical record. If you would like a copy, please ask and one will be provided to you.

- The office hours for Lanier Family Healthcare are 7:45 am until 5:00 pm Monday through Thursday. We close from 11:00 am to 1:00 for lunch. On Friday we are open from 8:00 am until 3:00 pm with Sandy Sullivan our P.A.
- After hour EMERGENCY calls should be made to our paging service at **404-487-2270**. If this is a life threatening emergency, please call 911. Prescriptions are not considered an emergency and the Doctor will NOT be paged for this.
- Please be respectful of Dr Orris and his personal time. Dr. Orris DOES NOT accept patient calls or texts to his personal cell phone number or his home phone number. If you call either of these numbers for medical services, you WILL be billed for an "out of office" visit at a rate of \$100.00 per incident due at time of service. We will NOT file this to insurance as it is NOT covered by your insurance. .
- **Prescription refills:**
 - The fastest way to request a prescription refill is to log in to the patient portal and send the office a message.
 - Some medications require you to be monitored very closely and you will need to be seen every 6 months (3 months for some medications), we will not give you a refill until you are seen in the office so please plan accordingly.
 - Please remember all prescription refills require at least one full business day to be filled. DO NOT wait until you have taken your last pill to request a refill. Requests received after 4:00pm Monday-Thursday and 12:00pm on Fridays may not get filled until the second business day.
 - We do not accept after hour prescription requests

- **Controlled/Pain Medication policies:**

- We will not prescribe any form of pain medication to a new patient until we have received the medical records from you previous physician.
- Please do not ask for early refills of controlled/pain medications – these will NOT be filled.
- There are some medications that cannot be called into a pharmacy therefore you will need a written prescription to take to them. The pharmacy division of the State of Georgia requires that all physicians use a specific type of paper for **ALL** controlled substance this paper is \$1.00 per sheet and must be paid in order to receive prescriptions.

- **No show/ Cancellation Policy:**

- We make efforts to provide you an appointment that is at a convenient day and time for your schedule. This time is set aside specifically for you. If you fail to keep you scheduled appointment or cancel your appointment **less than 24 hours** prior to your appointment time, you will be charged a fee. This fee is charged according to appointment time and equipment that has been scheduled. This applies to same day appointments as well.

- **The fees are as follows:**

- Regular Office Visit - \$85.00
- Physical Exam Visit - \$140.00
- New Patient Physical Exam - \$180.00
- New Patient Office Visit - \$155.00
- Cosmetic Office Visit - \$100.00
- Ultrasound Visit - \$150.00
- Nuclear Stress Test Visit - \$400.00

Insurance

- Co-pays and all outstanding account balances are due at the time of service and are collected prior to your office visit. If you do not have your co-pay we will gladly reschedule your appointment.
- Due to frequent changes in health insurance coverage, we require that you provide proof of insurance at each visit. If you are unable to provide this or are on a plan in which we do not participate, or have no insurance coverage, payment in full is expected at the time of service As a courtesy, we file your insurance claim; however, if insurance denies your claim for a reason outside of our control or does not respond to a claim in a timely manner, the balance on your account will become your responsibility to pay.
- Should there be a dispute with your Insurance Company, we will attempt to work it out with you. During this time a statement will be created each month that your account shows a balance due. If your insurance has not paid within 90 days the balance will be transferred to the patient, which must be paid upon receipt. Your insurance policy is a contract between you and the company.

Even though you have health insurance, you as the guarantor are responsible for payment of ALL services provided by Lanier Family Healthcare. Therefore it is your responsibility to know your insurance plan benefits, and to notify our office **IMMEDIATELY** with any insurance changes. If a claim is denied due to a change in your insurance, it will become your financial responsibility and you will have to file a claim with your insurance.

- Sending letters of medical necessity or prior authorizations, at the request of your insurance company will require a \$25.00 administrative fee that must be paid in advance of these services being performed.

- **Account Balance/Collections:**
 - Account balances must be paid in full prior to being seen again or receiving ANY prescription refills.
 - For your convenience we **require** a valid credit card or debit card on file as a convenient method of payment. Once your claim has been processed through your insurance, your card will be charged for the patient responsibility balance per your contract with your insurance company. You will receive a courtesy email or call from us stating the amount and date that your card will be charged. This credit card policy is a **mandatory** policy of Lanier Family Healthcare
 - If you have a large account balance, the Billing Manager may be able to work out a payment plan with you. Billie, our Billing Manager can be contacted at billie@lfhllc.com
 - If you have received three statements and have not made a payment or payment arrangements, your account will be turned over to our collection agency and you will be discharged from Lanier Family Healthcare.

- **I authorize Lanier Family Healthcare to charge the portion of my bill that is my financial responsibility _____(signature)**

- **Administrative Duties**
 - Forms (sports clearances, life insurance forms, releases for employer) that need to be filled out or letters that need to be written on your behalf by our staff will be accompanied by a \$25.00 fee unless they are completed during an office visit.

- **Referrals**
 - As part of our service to you, we are happy to obtain referrals and referral authorizations when required by your insurance plan for tests and specialty doctors outside of our office. It is the patient's responsibility to know your plan and the need for a referral. A few things to be aware of if your insurance plan requires a referral.

- Referrals must be obtained prior to visiting a specialist
- Your primary care physician at this office will evaluate your health needs and help determine your need for a referral. This may require an office visit.
- Urgent and emergency referrals are done immediately upon the physicians decision.
- Most referrals are handled within 2-3 business days of the request. This is within guidelines of most plans.
- Failure to obtain a proper referral could result in your insurance plan failing to pay for that service
- No post dated referrals are processed by this office
- No on demand referrals are done by this office. If you find yourself at the specialist's office without a referral you need to reschedule the appointment to allow time to obtain a referral.

- I have read and agree to comply with the office policies and procedures of
- Lanier Family Healthcare.

• _____
 • **Signature** **Date**