

## **Welcome To Our Practice**

*The providers and staff of Boise Osteopathic Medical Clinic would like to welcome you and thank you for entrusting us to partner with you on your healthcare needs. Our mission is to work together with our patients to accomplish a common goal of excellence in healthcare and service.*

*In order to accomplish this mission, we have established policies and procedures to keep you well informed and actively involved with our staff members.*

**OFFICE HOURS:** *Our clinic is open Monday thru Thursday from 8:00am to 5:30pm. We begin receiving your phone calls at 9:00am. We close for lunch between 12:30-1:45pm.*

**AFTER HOURS CARE:** *If you have a medical emergency while the office is closed, please call 911 or go to your nearest urgent care center or hospital emergency room. Our providers operate a clinic only, but have arranged for hospital physicians at both St. Alphonsus and St. Luke's to admit and care for patients when necessary.*

**PRESCRIPTION REFILLS:** *We ask that you call your pharmacist to initiate a refill of your medication. Most pharmacies appreciate a 72 hour notification. This gives the pharmacist time to prepare your prescription accurately and contact your healthcare provider with any questions they may have. Please make sure we have a current record of your preferred pharmacy and insurance coverage. There are also standards of care that we follow regarding prescription refills and lab tests. At a minimum, when you are being prescribed a medication long term, it is important to have an annual lab test to confirm the medication is still effective and you are not experiencing side effects from the medication. Some medications require more frequent testing.*

**APPOINTMENTS:** *You may schedule an appointment by calling the office and speaking with any one of our support staff. You may also schedule a follow-up appointment while you are checking out after seeing one of our providers. Diagnosis and treatment plans cannot be appropriately made over the telephone or by emailing, therefore we ask that you schedule an appointment for an office visit and bring all questions with you to your appointment. As a courtesy to other patients as well as our providers, we ask that you give our staff a 24 hour notice if you must cancel or reschedule an appointment.*

**PREVENTATIVE CARE:** *Most insurance plans carry wellness and preventive care benefits. We suggest you become familiar with the coverage of your wellness plan and even print a copy of the benefits that are covered to bring with you to your appointment. Then we can help you receive the benefits of the plan without incurring unexpected costs for tests not covered. Unfortunately, we can never guarantee coverage from your insurer, but will be happy to provide necessary documentation required from your provider.*

**BILLING AND INSURANCE:** We have provider contracts with several insurance carriers. If you are insured through a carrier that we are in network with, we will bill on your behalf. We ask that you please pay your copay and coinsurances at time of service. If we are not a network provider for your insurance carrier, we will be happy to bill your insurer. We ask that you pay for your visit at the time of service, with the understanding that you will be reimbursed for covered services directly from your insurance company.

**COLLECTIONS:** We recognize that at times people experience financial hardships. Our billing manager is here to work with you on a financial agreement for making monthly payments if the need arises. It is important to stay in contact with our staff and keep your account current. Good communication helps you remain informed on any balances and allows our billing staff to work with you more efficiently.

Unfortunately, there are times when we must turn delinquent accounts over to a third party collection service. Once that happens, we can no longer honor any financial agreements that have been made and we find it necessary to release the patient from our care.

**CASH PAY:** Because not all patients carry health insurance, we ask that you inform our front office staff when you will be paying cash and there will be no insurance billing involved. We can provide you with information on saving money if paying at the time of service.

We hope that communicating our office policies with you will allow us to maintain a vibrant provider/patient relationship.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_