



ADVANCED OB-GYN

Obstetrics & Gynecology

230 Michigan St. NE, Suite 102, Grand Rapids, MI 49503 616-971-0060

PRACTICE INFORMATION

Welcome To Our Practice

This letter is to introduce you to our office and our policies. We ask that you sign an acknowledgement that you received and have read this brochure when you check in for your visit.

We appreciate that you have chosen us to help provide your health care. Our goal is to provide you with high quality, friendly and efficient medical care. The specialties in our office focus on obstetrics, gynecology, and preventive care for women and pelvic dysfunction disorders.

Office Hours

The office is open Monday - Thursday 8:30am to 4:30pm (closed during staff lunch 12 noon to 1:00pm), and Friday from 8:30am to 12 noon, with the exception of observed holidays.

Appointment Scheduling

We appreciate the value of your time. Our goal is to see patients at their appointed time, but patients with urgent or special needs may interfere with this goal. We appreciate your understanding when this occurs and in the case of such an event we will keep you apprised of delays and offer the opportunity to reschedule your appointment if you are unable to wait.

Late or No Show Policy

Should you find it necessary to cancel or change an appointment, kindly contact our office at least 24 hours ahead of the scheduled appointment time to allow that time to be used in caring for other patients. Appointments that are not cancelled 24 hours ahead of time and missed may be billed a no-show fee of \$50. Patients that arrive past 15 minutes of the scheduled time will be rescheduled at the discretion of the providers on staff.

*Please initial to indicate an understanding and compliance with this policy. _____

Learning About Our Patients

So that we can best understand your unique medical needs, we request that you complete several medical and patient information forms. Also, the doctors, midwives, their assistants, and other staff will ask questions about your health, previous conditions, surgeries, and medications. For your protection and by law, **no information will be released by this office without your express written or verbal permission.**

Hospital

Spectrum Health/Butterworth is our primary hospital and will be utilized whenever possible.

Availability

For all scheduling, billing, and office-related inquiries, call the main office number at (616)971-0060. If you believe you may be in labor and need to contact a provider emergently, please call the provided pager number, then enter your numeric phone number; the on-call provider will call back. Please keep an open line available for a call back from the physician you have contacted. In an event of a life threatening emergency call 911.

Prescription Refills and Routine Questions

The providers issue prescriptions and refills during regular office hours. For refills, first call to confirm or request a refill from your pharmacy; if no refills are available at your pharmacy, contact the office. Please allow 24 to 48 hours advance notice and the following information: your name and date of birth, spelling of the medication and dosage, as well as the

name and telephone number of your pharmacy. If you call after 12 noon on a Friday, the request will not be addressed until the next business day. Our staff also welcomes your questions and schedules appointments during office hours.

Referrals and Insurance Requirements

Many insurance and managed care organizations require referrals and pre-certification prior to any office visit, procedure, ultrasound, surgery, testing or follow-up appointments. Our staff interacts with many insurance companies, each with different rules and requirements. Although we do our best to assist with your insurance requirements, it is your responsibility to ensure that all required permissions are obtained. It will greatly expedite your office visit if these referrals and requirements are taken care of prior to your first visit, and can be confirmed by contacting your primary care provider's office and/or insurance company.

Test Results

Every effort is made to contact patients with test results that are abnormal. In the rare event that we are unable to reach you within 10 days of our receiving the results, we suggest that you call our office to obtain your results. To protect patients' privacy, we are not permitted to give patient information to anyone except the patient, or a designated name listed in your HIPAA privacy release information.

Insurance and Disability Forms

Disability and insurance forms can be completed by our office. Please allow 7-14 business days for the forms to be prepared. *Please initial to indicate an understanding and compliance with this policy. _____

Financial

Charges for services will be promptly submitted directly to your insurance company as a courtesy to you. In order to comply with the requirements of your insurance provider, and in some cases by law, we must ask that all co-payments, deductibles and non-covered services be paid at time of service. We accept cash, checks, debit and credit cards (American Express, Discover, MasterCard and VISA). However if we receive a returned check from your financial institute, the check will be returned to you with an additional \$25.00 service charge.

We encourage patients to discuss any questions about their charges. If you are having financial difficulties, please let us know and we will make every effort to work with you. The following is a list of insurance companies that we participate with; please ask if we participate with your insurance, as this list is subject to change.

AETNA	HUMANA	MULTI PLAN
ASR PHYSICIAN CARE	MEDICARE	PHCS
BLUE CARE NETWORK	MEDICARE ADVANTAGE	PRIORITY HEALTH
BLUE CROSS/BLUE SHIELD	MEDICARE PLUS BLUE	PRIORITY HEALTH MEDICARE
CHAMP VA	MEDICARE RAILROAD	TRICARE
CIGNA	MEDISHARE	UNITED HEALTHCARE
COFINITY	MESSA BLUE CROSS BLUE SHIELD	

Our fees are generally considered to fall within the acceptable range by most companies, therefore they are covered up to the maximum allowance determined by each carrier.

Not **all services** are covered benefits in all contracts. Some group plans/employers select certain services they will cover. I have read and clearly understand the financial policy of Advanced OB-GYN and agree that (regardless of my insurance)

I am ultimately responsible for the balance on my account for any professional services rendered. I have read all the information in this brochure and I am in agreement with everything.

Name (print) _____ Date _____

Signature _____ Date _____

Patient/Legal guardian