



## PRACTICE INFORMATION

### **Welcome To Our Practice**

This brochure will outline our practice information and policies. We ask that you sign to acknowledge that you have read this brochure.

We appreciate that you have chosen us to help provide your health care. Our goal is to provide high quality and individualized gynecologic and obstetrical care. Our specialties include obstetrics, gynecology, pelvic disorders, incontinence treatment, surgery, and preventive care. In addition, we offer full-scope midwifery care.

### **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. Our providers and clinical support 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.***

### **Office Hours**

Our office is open Monday through Thursday, 8:30am to 4:30pm (closed for lunch from 12:00pm to 1:00pm) and Friday from 8:30am to 12:00pm. We close for holidays and occasional staff in-service.

### **Appointment Scheduling**

We appreciate the value of your time. We will make every effort to see patients at their scheduled times. Due to the nature of our specialties, we may need to accommodate patients with urgent or emergent needs. We appreciate your understanding when this occurs. In the case of such an event, we will keep you apprised of any delays and offer the opportunity to reschedule your appointment if you are unable to wait.

### **Late or No Show Policy**

If you need to cancel or reschedule an appointment, please contact our office at least 24 hours ahead of the scheduled appointment time. If you are running more than fifteen minutes late for an appointment, you will need to be rescheduled.

***If you cancel an appointment less than 24 hours ahead of time, or you simply do not show up for your scheduled appointment, you may be billed up to \$60 (\$1 per minute of scheduled time).***

\*Please initial to indicate understanding and compliance with this policy: \_\_\_\_\_

### **Surgical Scheduling**

Our practice believes in providing exemplary medical care and service. When scheduling surgery for you, there are many steps requiring a great amount of time and effort from our staff. There are also obligations we ask you, the patient, to fulfill.

As this is such a time and work intensive process, we do not cancel or reschedule surgical dates lightly. Exact times for surgery are determined by the surgical facility and may change up until the day before your procedure, but any change in date requires repeating all the steps above. Our surgical providers often schedule surgical procedures during "block" time. Block time is time reserved for surgeons at a specific surgical facility. Too much available time during a surgeon's block (due to last minute cancellations) risks the surgeon or practice losing access to that block of time altogether.

I understand that if I need to cancel or reschedule surgery, I must contact the surgical scheduler at least two weeks prior to my surgery date (or immediately, if surgery is scheduled less than two weeks from the consult). I understand that cancelling or rescheduling within a week of the scheduled date risks my providers losing access to block time and may prevent them from being able to schedule another surgery during that time. I understand that repeatedly cancelling or rescheduling surgery means I may be discharged from this practice.

***I understand that cancelling or rescheduling surgery within a week of the scheduled date may result in a \$100 rebooking fee.***

\*Please initial to indicate understanding and compliance with this policy: \_\_\_\_\_

### **Hospital**

Corewell Health Butterworth is our primary hospital. All labor and deliveries take place here. Other surgical procedures may be scheduled at Corewell Health Lake Drive Surgical Center or Grand Valley Surgical Center. The facility used for surgery is at the discretion of the provider and usually depends on the procedure(s) being done, specialized equipment available, and other factors related to one's personal medical history.

### **Availability**

For all scheduling, billing, non-emergent medical questions or concerns, and other office-related inquiries, call the main office number at 616-971-0060. Listen to the menu and select the appropriate prompt.

If you believe you may be in labor or need to contact the on-call provider, please text the on-call pager number 616-444-0358. Text only your full name and ten-digit call back number. The on-call provider will call you back at the number you provided. If you do not receive a call back within fifteen minutes, please page again.

In you are experiencing a life-threatening emergency, please call 911.

### **Prescription Refills and Routine Questions**

Our providers issue prescriptions and refills during regular office hours. For refills, please first contact your pharmacy to confirm or request a refill. If no refills are available, your pharmacy should contact our office, or you may call the office (listen to the phone tree and press the appropriate number for prescription refills). Please allow at least two business days for refill processing and include your full name and date of birth, spelling of the medication and dosage, and the name and telephone number of your pharmacy. If you call after 12:00pm on a Friday, the request will not be addressed until the following Monday.

### **Referrals and Insurance Requirements**

Many insurance and managed care networks require a referral or pre-authorization prior to any office visit, procedure, ultrasound, surgery, testing, or follow-up appointments. Although we do our best to assist with your insurance requirements, it is your responsibility to ensure that all required permissions are obtained. Referral and authorization requirements can be addressed by contacting your primary care physician's office (referring provider) and/or your 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 ten 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 HIPPA privacy release information.

### **Insurance and Disability Forms**

Disability and family leave/FMLA forms can be completed by our office. Please allow five to seven business days for the forms to be prepared. All forms must contain the patient's full name and a fax number. There is a \$10 fee for filing leave forms.

\*Please initial to indicate understanding and compliance with this fee: \_\_\_\_\_

**Financial**

Charges for services will be promptly submitted directly to your insurance company as a courtesy to you. To comply with the requirements of your insurance provider, and in some cases by law, we ask that all co-payments, deductibles, and noncovered services be paid at the time of service. We accept cash, checks, debit, and credit cards, including HSA cards (note: it is your responsibility to determine whether services are eligible for HSA reimbursement). If we receive a returned check from your financial institute, the check will be returned to you with an additional \$25.00 service charge.

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.

We encourage patients to discuss any questions or concerns about insurance coverage or 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 and can vary by provider:

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

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 and understand the information in this brochure, and I agree to adhere to the policies described within.

Name (print) \_\_\_\_\_ DATE \_\_\_\_\_

Signature \_\_\_\_\_ DATE \_\_\_\_\_