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SKYLINE UROLOGY
South Bay Urology Medical Group

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OFFICE POLICIES

INSURANCE & PAYMENT

Payment (including copays and deductibles) is expected at the time of service. ***A $25 fee will be charged for returned checks due to insufficient funds.*** Our office will submit claims to insurance carriers with which we participate. Please be prepared to present your insurance card(s) at each visit. If we cannot verify your coverage or if you fail to provide us with the correct information at each visit, you may be responsible for payment for all services provided. Please be aware that some or all of the services you receive may be noncovered or not considered necessary by your insurer. We strongly encourage you to contact your insurance carrier ahead of time and verify appropriate coverage and benefits. In case of an insurance partial payment, a statement will be sent to you for those charges which are a patient responsibility. Balances over 120 days may be sent to a collection agency unless other arrangements have been made.

CONTACTING THE OFFICE

Please be aware that messages may take up to 24 hours to process and respond. If a problem arises during a time when the office is closed, simply call the office and the answering service will contact the doctor on call. If your situation is life threatening or you can't wait to receive a return call, please call 911 or proceed to the nearest emergency room. Our patient portal may be used to securely update your address, insurance, and medical history, view your office visit documents and send messages directly into the office. Simply give your email address to the check-in or check-out staff and request to be registered for the portal.

OFFICE HOURS & MISSED APPOINTMENTS

Our office hours are Monday-Friday 8:00 am-4:30 pm. We are closed daily for lunch from 12:00 noon to 1:00 p.m. Patients are seen by appointment only. If you are delayed and cannot make an appointment on time, please call to advise us of your situation. If you arrive more than 15 minutes after your scheduled appointment time, you may be asked to reschedule. If you are unable to keep a scheduled appointment, please let us know in advance. ***Failure to provide at least 24 hours notice will result in a $25 No Show Fee***. Patients who No-Show two (2) or more times in a 12 month period, may be dismissed from the practice and denied any future appointments. In the event that you have a special circumstance regarding your missed appointment, please contact our office manager.

PRESCRIPTION REFILLS & PRIOR AUTHORIZATIONS

A minimum of 72 hours notice is required for non-urgent prescription and refill requests. Please contact your pharmacy directly to request a prescription refill. Refills will be provided in general for up to one year, at which time you will be asked to schedule an appointment with the doctor. Refills of controlled substances such as *narcotics* may require more frequent visits. Certain prescribed medications may not be covered by your insurance. Your pharmacy will notify us if a Prior Authorization is required for coverage. ***A $15 fee will be charged to you for each Prior Authorization or appeal submission***. Alternatively, may request for the doctor to prescribe a covered alternative. Should the doctor determine that no alternative is available to meet your needs, the Prior Authorization fee will be waived.

MEDICAL RECORDS & FORMS

All requests for medical records must be on a HIPPA approved form, which must be completely filled out and signed by the patient or legal guardian. Please allow 5 BUSINESS DAYS for processing. For continuity of care and as a courtesy to the patient, our office will forward records requested at no charge to your primary care physician or to another doctor we have referred you to. Medical records released to the patient, law firms, doctors offices for second opinions or miscellaneous requests are subject to copying fees. Please allow at least 72 hours for FMLA, Short-term disability and Jury Duty forms to be completed. ***A $15 fee will be charged for all forms***.

I have read and understand the Office Policies.

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Patient Name (please print) Patient Signature Date