

# Office Policy

## About Our Practice

Our goal is to provide superior healthcare by providing open and easy access, by fostering a doctor-patient partnership that values the needs and insight of both parties, and by creating, promoting and implementing medical practices that are technologically advanced and financially stable.

Our practice is centered around providing a relaxed setting in which all of your health concerns may be discussed. We achieve this by limiting the number of patients we service in our practice.

## Scheduling Appointments

Patients are generally seen within 48 hours of making an appointment, often on the same day. There are 3 ways to make an appointment:

- e-mail us at [drchu@elainemd.com](mailto:drchu@elainemd.com).
- visit our website at [www.elainemd.com](http://www.elainemd.com) or [www.patientally.com](http://www.patientally.com) .
- call our office at 818-923-1076.

Regular office hours:

Monday: 9 AM - 12 PM and 2 PM - 5 PM

Tuesday: Closed

Wednesday: 2 PM - 5 PM

Thursday: 9 AM - 2 PM

Friday: 9 AM - 1 PM

Schedule permitting, we can schedule appointments outside of regular hours. Please note that after-hour appointments can incur a \$25 charge in addition to the regular office visit fee.

## House Calls

We make home visits depending on the patient's needs and availability. Some insurance plans will provide reimbursement, while others may not reimburse unless the call is deemed to be medically necessary. House calls are made to locations within 2 miles of our office, although exceptional situations will be considered. If your insurance plan does not cover the house call, there will be a \$100 travel charge in addition to the regular office visit fee.

## Late or Missed Appointments

From time to time, unforeseen circumstances may arise which prevent you from arriving on time for your appointment. In fairness to others, our policy is to accommodate patients who are on time for their appointments. Late-comers will be seen at the first available opportunity. If you are more than 10 minutes late, you may be asked to reschedule. This enables us to stay on time.

We know that your schedule is busy and that your time is valuable. We make every effort to

respect your time and keep on schedule. Please notify us of appointment changes or cancellations at least 24 hours in advance of your scheduled appointment, or you will be subject to a \$50 'no-show' fee.

### **Telephone Calls**

Our office does not normally have a receptionist at the front desk. Therefore, calls will be taken directly by the physician, or an answering service. Please leave a message, with your first and last name, a return phone number, and the purpose of your call. We return calls promptly, usually the same day.

You may also call the physician's cellphone, but please keep in mind that the physician may be conducting an examination with another patient when you call. As a courtesy to other patients, please do not call the doctor's cell phone unless your need is urgent. This also applies to calls between 9 PM and 8 AM.

### **In case of a life-threatening emergency, you should always call 911 or go to the nearest emergency room.**

There is no charge for brief telephone calls. However, telephone consultations that exceed 5 minutes will incur consultation fees as follows:

- 5-10 minutes: \$30
- 11-20 minutes: \$45
- 21-30 minutes: \$60

If the telephone consultation results in an office visit within 24 hours, you will be refunded your fee, per Federal Insurance guidelines.

### **E-mail and eVisits**

Communication by e-mail or eVisits are reserved for non-urgent matters. It may take up to 72 hours for a reply. Federal privacy regulations require that patients wanting to communicate with their physician by e-mail sign a consent form. The form states that you understand that e-mail is not confidential and that you give permission to communicate by e-mail.

Ordinarily there is no charge for brief e-mails. However we reserve the right to charge for e-mail consultations, frequent or lengthy e-mail messages. In these cases, the fee for e-mail messages is \$35 per message. E-mails which require more than 15 minutes to compose a response, I will charge \$50 per 15 minutes of physician time.

Patients may also do an eVisit through [www.patientally.com](http://www.patientally.com) . This is a secure website.

### **Prescription Refills**

Patients should first contact the pharmacy for refills of prescriptions taken on a daily, or continuous basis. The pharmacy will either fill the prescription or contact our office to request an authorization. If you have not been seen by our office within the past year, you may be asked to schedule an appointment in order to obtain a medication refill.

Similarly, prescription refills for medications that you do not take regularly may also require an office visit, particularly if it has been more than one year since we last saw you. We will not prescribe or refill antibiotics without performing an appropriate evaluation.

Our policy is not to prescribe new medications over the telephone. For medico-legal reasons, we are required to evaluate you prior to writing a new prescription.

### **Out of Office and After Hours Calls**

Out of Office calls will be forwarded to the physician's email. Messages will be checked several times a day. For extended absences, the name and telephone number of a qualified physician who will be made available to assist you in the event of an urgent need.

### **Insurance Coverage**

We accept the following health insurance plans: Blue Cross PPO, Blue Shield PPO, Aetna PPO, Cigna PPO, HealthNet PPO, and SCPMG Harrington Health. If you have insurance coverage with another health plan, some plans will reimburse you for seeing an out-of-network provider. We do not participate in HMO plans or Medi-Cal.

As a courtesy to our patients, our office will file the appropriate insurance forms. The patient will provide the necessary insurance information by completing the ***Patient Registration Form*** prior to their first appointment. The information will be updated annually. Please present your insurance card at each appointment. A photo ID (Driver's License) is required at your first visit.

If our office is unable to verify your insurance eligibility, you will be required to pay for your visit at the time of the visit.

You are responsible for paying all co-pays at the time of service. Insurance companies stipulate that we cannot waive co-pays, co-insurance, deductibles or payments for non-covered services. Failure to pay your portion of services rendered will be reported to your insurance company and could result in termination of your insurance plan.

It is **your responsibility** to know the details of your insurance coverage by checking with your employer, insurance agent, or other appropriate person. It is also your responsibility to notify us of any changes to your medical coverage.

### **Fees**

**Patients with insurance** - Reimbursements by health plans vary according to a contracted fee schedule with each insurance company. It is the patient's responsibility to understand their health plan coverage and exclusions. We cannot guarantee that your insurance plan will pay for the entire cost of your visit.

**Patients without insurance** - Our usual fee is \$200/hour on a prorated basis. For example,

the cost for a 15 minute visit is \$50, while the cost for a 30 minute visit is \$100. These fees do not apply to Acupuncture treatments. Acupuncture fees are \$200 for the first consult and follow ups are \$95. These rates are only available if full payment is made at the time of service.

### **Non-Covered Benefits Fee**

East-West Integrative Medicine's mission is to provide high quality, personalized health care to patients with the emphasis on health, wellness and prevention. Additionally, we provide high levels of access and communication including:

- Same day or next day appointments during office hours
- Online appointment scheduling
- 24x7 access to physician via cell-phone or e-mail
- Extended time for physician visits

The costs associated with providing exceptional levels of personalized service, convenience, advanced access, and services performed outside of office visits are NOT covered or reimbursed by insurance companies. Therefore, East West Integrative Medicine charges a Non-covered Benefits Fee.

The fee is charged to all patients, with exceptions provided to patients over 65 or under 26 years old. The fee also does not apply to patients who use our acupuncture services exclusively (that is, patients who do not receive primary care services from us). The fee schedule for the Non Covered Benefits Fee is listed in the "Registration Forms" tab.

**This fee will not be reimbursed by your health plan, although you may be able to apply funds from a Medical Flexible Spending Account or Health Savings Account.** Please consult your human resources department, or a qualified financial advisor to see if you qualify for reimbursement.

### **Methods of Payment**

We accept cash, personal checks, debit cards and credit cards (VISA or Mastercard).

For your convenience, automatic credit payments are accepted. All patients are asked to sign a Credit Card Authorization form. This gives us permission to keep your credit card on file and automatically bill your credit card for any balance due on your account. You may specify a maximum dollar amount that we are allowed to charge each month. This account will also be used to charge for missed appointments, returned checks, form-completion fees, telephone consults or eVisits. The information is securely stored with an insured credit card service. You will receive notice of any credit card charges for any services charged to your account by email. This policy saves us (and you) a lot of extra work.

**Collections:** Invoices not paid within 60 days will be turned over to internal collections. Invoices not paid within 120 days are subject to patient dismissal, submission to a collections agency and notification to your insurance plan.

Late Fees/Collections: We will mail you two invoices, after which your account with outstanding balances will be assessed a \$5 per month late fee. If we must remit your account to our collection agency, an additional 30% of the balance owing (including late fees) will be charged to your account.

### **Additional fees:**

- Returned Checks: If your check is returned to us for any reason, you will be charged \$30 and any bank charges incurred.
- Missed Appointments: If you fail to notify us at least 24 hours in advance that you will not be able to make your appointment, we may charge you \$50.
- Forms Completion: for example Disability Insurance Forms, Travel Forms, Release from Work, Prior Authorizations, and other third party forms more than 3 pages there will be a \$20 charge in addition to your office visit charge.
- Records: We will provide to you, upon written request, an electronic or paper copy of your medical record. There will be a charge of \$.25 per page and a \$50 administration fee to provide the record to you, your insurance company, or another provider to whom we have not referred you for treatment.

**Patient Dismissal:** While we make every effort to work with you, sometimes it is best for all involved to part company. If you are dismissed from the practice, you will be allowed a 30 day grace period for urgent treatment in our office. After that time, you will be required to seek the services of another physician at another office. Reasons for dismissal may include: failure to keep appointments, noncompliance, abuse of staff, and non-payment. A prorated unused annual fee will be refunded if you are dismissed from our practice.

### **Confidentiality and Its Limits**

Our discussions are strictly confidential and will not be shared with anyone without your express written permission. There are, however, certain exceptions that you should know about:

1. We are required to report suspected cases of child abuse to the police and to the Child Protective Services Division of the Department of Public Social Services.
2. We must report spousal abuse and elder abuse to the police.
3. We may need to contact public safety officers if we believe that a patient may be in imminent danger of harming themselves or others.
4. We are obligated to attempt to warn and protect intended victims if we have reason to believe a patient is likely to inflict bodily harm on someone else.
5. We may be ordered by a court of law to testify or to release medical records.

### **Confidentiality with Adolescent Minors**

Visits by patients under the age of eighteen must normally be accompanied by a parent or guardian. Parents are often understandably curious and concerned about the treatment of their children. It is our position that young people need to develop trust in their doctor and need some degree of security and privacy to do so.

We encourage teenagers to share information about their health with their parents or guardians. However, there will be some issues that your teenager would rather talk about with a doctor, nurse, or counselor. California law allows teenagers to receive some health care services on their own. Health care providers have to keep those services confidential.

Permission from an adolescent minor is required before information can be released to their guardians. This includes:

- The prevention or treatment of pregnancy or sexually transmitted diseases (STDs) and other contagious diseases
- The diagnosis and treatment of sexual and physical abuse
- Care and counseling for drug or alcohol problems

Our Practice is limited to treating patients ages 5 years old and up.