### INTERNAL MEDICINE ASSOCIATES OF RALEIGH, PA PATIENT INFORMATION SHEET

Welcome to Internal Medicine Associates of Raleigh, P.A. In order to better serve your need and clarify any questions that you may have regarding our office we have outlined the following:

### **APPOINTMENTS**

- \*\* If you are unable to keep an appointment, please notify our office within 24 hours in advance to avoid being charged a missed appointment charge. The fee for missed appointment is \$50.00.
- \*\* Please call our office at least 3-6 months in advance to schedule a **physical exam**, as these slots are limited.
- \*\* Please arrive at least 15 minutes early for your appointment to complete paperwork at the check in desk.

### **EMERGENCY SITUATIONS/PHONE CALLS**

- \*\* If you are calling about an emergency situation, please inform the telephone operator immediately, so that your call will be handled appropriately.
- \*\* Other phone calls will be returned during the course of the day as the schedule permits. Please remember that the physicians and nurses are seeing scheduled patients throughout the day and it make take some time before a phone call can be returned. It is not necessary to make repeated calls, your phone call will be returned.

#### PRESCRIPTONS

- \*\* Please call your **pharmacist** for prescription refills. The pharmacist will use our prescription refill process to have your prescription filled. This ensures that the nurse/physician will have the complete information needed to process your request. Please allow **48 hours** turn around time for routine refills and please call the Pharmacy to see if the medications are ready.
- \*\* When calling for a refill, please make sure to call for all medications that need to be refilled within the next thirty days.
- \*\* Please ask for refills of prescription medications that you keep on hand, such as allergy medication, when you come into the office for a routine visit.

# **INSURANCE**

- \*\* We will gladly file your insurance claim. Copay, deductibles and co-insurance amounts are collected at the time of service.
- \*\* All insurance changes must be given to us at the time of service. If your insurance change and we are not notified, you will be responsible for all charges.
- \*\* We strongly encourage you to contact your insurance carrier if you have not received an explanation of benefits within 45 days of your claim.

## SELF PAY

\*\* We require payment at time of service for all self pay patients. This may be in the form of check, mastercard or visa.

## **COMPLETION OF FORMS**

\*\* There is a \$25.00 fee for completion of forms such as disability forms, prescription drug plan etc. Payment for completion of these forms is expected before the form is completed by the physician.

### **RETURN CHECK FEE**

\*\* There is a charge of \$25.00 in the event of a returned check for insufficient funds.

### REFUNDS

\*\* Refunds are issued within thirty days of the receipt of payment at Internal Medicine Associates of Raleigh, PA. If you are aware of an account credit, please allow us thirty days before contacting our office.

### **AFTER HOUR CALLS**

\*\*Our office has an answering service to answer after hour calls. Your call will be paged to the physician on call. The on call physician will return your call as soon as possible. Please be aware that no narcotic prescriptions will be called in after hours.

It is our hope that this information will assist us in providing quality care to our patients. If you have any questions or need clarification of any of the above policies, please do not hesitate to speak with someone in our office. Thank you for working with us so that these procedures can be completed smoothly and efficiently.

### APPOINTMENT SCHEDULED\_\_\_\_\_ PHYSICIAN:\_\_\_\_\_