

DR. JEFF JOHNSON, MD PA
DR. LAUREN ASH, MD
General and Laparoscopic Surgery

Office Policies and Procedures

Office Hours:

Mon-Thurs: 8:00AM-5:00 PM

Friday: 8:00AM-12:00PM

Contact Information:

Phone: 512-615-3574

Fax: 866-830-6857

After Hours: 512-467-5062

Appointments:

- Patients are seen in the office by appointment only.
- For your initial visit, please arrive 15 minutes prior to scheduled time to complete necessary paperwork. If you have filled out paperwork in advance, then early arrival is not necessary.
- Please be prepared to present your insurance card at each visit. All insurance changes are to be reported by the patient. If you do not have your insurance information at the time of visit you will be considered self pay. Correct insurance information ensures that we meet filing deadlines set by your insurance carrier.
- We require at least 24 hour notification if you are unable to keep your scheduled appointment. This courtesy will allow us to accommodate other patients. You will be charged \$50.00 for missed appointments and may be asked to provide a credit card prior to booking future appointments.

Insured Patients:

In order to accommodate the needs of our patients, we have enrolled in numerous managed care insurance programs. While we are pleased to be able to provide this service to you, it is very difficult to keep track of all the individual requirements. Even within the same insurance company, plans differ depending upon what type of contract your employer has negotiated. Providing quality medical care for our patients is our primary concern.

We highly recommend that you read your insurance booklet or contact your insurance company about your benefits. Insurance is a contract between you and your insurance carrier. We will not become involved in disputes between you and your insurance carrier regarding deductibles, co-payments, covered charges, pre-existing, etc.

Providing that your physician is contracted with your plan, we will file the claim for you. You are responsible for your co-pay, deductible, or coinsurance at the time of service. If we can verify that you have met your deductible, you will be responsible for only your coinsurance. If you plan requires prior authorization to see a specialist, you are responsible for getting the referral to our office before the day of the appointment. You will be billed for any non-authorized office visits. Verifications are an **estimate**, not a guarantee of benefit responsibility.

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Deposits and Payments:

- Surgery Deposits- As a courtesy to our patients with insurance we will verify your responsibility prior to services being rendered. The verification obtained is an **estimate**, not a guarantee of benefit responsibility. Payments are collected prior to the procedure date.
- Returned Checks- There will be a \$25.00 handling fee for returned checks. If a second check is presented and returned, we will request that future visits will be paid with cash, credit, or debit card.

Acknowledgement of Fees:

- **FMLA/Disability forms:** \$25.00 for the first set of forms and \$15.00 for each additional. Please allow 10 business days for completion of forms from date of surgery or hospitalization. If paperwork needs to be re-filled out, a \$15.00 fee will be assessed. **PAPERWORK WILL NOT BE FILLED OUT PRIOR TO SURGERY.**
- Medical Records: \$25.00 for the first 20 pages and \$.50 for every page there after. A charge is only assessed when records are released directly to the patient. Payment is expected when the records are picked up. Please allow 14 business days for completion of forms.
- **No show Fee:** \$50.00

Lab/Prescription/Radiology Policies:

- All Lab work will be billed separately by the respective laboratory, and is **not** included in our charges.
- Any questions regarding bills for lab work or radiology should be addressed with laboratory or radiology facility.
- Lab and Radiology results will take 5 to 7 business days to receive. Our office will only call you with abnormal results. If you have questions regarding results and have not heard from us, please allow 7 business days prior to calling.
- If you need a refill on your prescription, please follow protocol and call your pharmacy and request that they send us a refill request via fax to 866-863-6857. Your prescription history may be pulled by our provider to optimize your current care and to prevent drug interactions.
- **We require 24 hours for refill requests. Non urgent refills handled afterhours or on weekends will be charged \$15.00.**

Telephone calls:

- Phone calls and messages received are triaged by our office to the appropriate staff member. Calls are returned by priority and non urgent calls received after 4pm will be handled next business day. Please know we will make every attempt possible to return calls in a timely manner.

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**Acknowledgement of Receipt of Policies
And Procedures**

We would like to thank you in advance for your cooperation and understanding of our policies and procedures. Due to previous experiences we regretfully must now enforce these policies. We apologize in advance if these do not pertain to you, but with your help, these policies will enable us to treat you and your family efficiently and provide the quality of care you deserve.

This has always been and remains to be our foremost concern.

I, _____, have received a copy of Jeff Johnson, MD's Policies and Procedures and have reviewed the HIPPA provided to me in the office.

Patient or Responsible Party Signature Relationship Date

Prescription History Release:

I ___do ___do not authorize Jeff Johnson, MD to pull my prescription history. ___initials

Release:

I authorize Jeff Johnson, MD and it's designated representatives to release my personal health information to the following person(s):

Patient or Responsible Party Signature Relationship Date