

Executive Summary

- **Contact information, phone numbers and addresses must be current.**
- **Please be familiar with your health insurance policy and notify us with any changes.**
- **If medical problems are addressed during the physical exam, additional charges will apply.**
- **We will file your claim with your primary carrier. You are responsible for filing with any secondary policies.**
- **Co-pays and outstanding balances are due at the time of service.**
- **Self-pay and out-of network care must be paid at the time of service unless arrangements are made in advance.**
- **Care for car accidents must be paid at the time of service regardless of insurance.**
- **No show appointments and last minute cancellations will be subject to a fee.**
- **Administrative fees will be charged for forms (\$25) and for Schedule II prescriptions (\$10).**
- **Patients with past due accounts will be sent to a third- party collection agency and dismissed from the practice.**

If this office is contracted with your health insurance plan, we will submit your claim directly to your primary insurance carrier. In order to insure timely payment with minimal hassle for you and the practice, **we ask that you present your current insurance card at each visit. Your co-payment is due at the time of service.** If you have a secondary insurance, you will be provided the information needed to file with them at your request. If you do not have health insurance with which we are contracted, payment will be due at the time of service unless arrangements are made in advance. **Care related to motor vehicle accidents must be paid at the time of service regardless of insurance.** This prevents the practice from payment delays while the health insurance and various auto insurance companies decide who is responsible for the claim.

By law, the practice is required to submit claims to insurance companies accurately reporting the services performed and the reason for performing them. It is fraudulent to change this information in order to influence an insurance company to pay claims. This practice is committed to these laws, and will submit claims to all insurance companies in this manner.

The practice provides only those services in Dr. Gates' professional judgment are necessary to provide quality medical care to you and your family. Unfortunately, not all services may be covered by your plan. **If you are not sure a service is covered by your plan, you need to call your insurance company in advance to see if you will be responsible for payment.** In cases where the service has not been paid, you are personally responsible for the bill. Before we bill you, we will make sure that all information provided to the insurance company is accurate and clearly describes the services you received. **We will be glad to work with you on payment plans for non-covered services, but these arrangements must be made in advance.**

Physical Exam As part of our commitment to your health, we recommend that every patient have a physical exam at appropriate intervals in order to help prevent or detect new medical problems. **If medical problems are addressed during the physical exam, additional charges will apply per the patient's insurance policy. Some insurance companies will not fully cover preventive and problem based care on the same day.** If this is the case with your policy, it may make sense to follow up another day to address the less urgent issue(s).

Cancellation / No Show Please notify the office if you are unable to keep an appointment. This courtesy helps keep appointment times available to other patients who need to be seen. New Patient appointments must be confirmed 48 hours prior to appointment time or appointment will be canceled by our office. Other appointments should be cancelled with at least 24 hour notice to avoid a cancellation fee. **A \$75 charge will be applied to all no-show appointments and a \$25 fee for appointments not cancelled within 24 hours of the appointment time.**

If your account should become delinquent, you will be responsible for all reasonable collection expenses including interest through an outside party.

Notice of Privacy Practices

W. Brad Gates, M.D., P.A.

AS REQUIRED BY THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996, THIS NOTICE DESCRIBES HOW W. BRAD GATES, MD, PA ("the practice") MAY USE AND DISCLOSE YOUR HEALTH INFORMATION.

Your protected health information consists of all records related to your health, including demographic information, either created by the practice or received from other healthcare providers. The practice reserves the right to change the terms of this notice and to make any new provisions effective for all protected health information that we maintain. Patients will be provided a copy of any revised notices upon request.

Uses and Disclosures of Your Protected Health Information Not Requiring Consent

The practice may use and disclose your protected health information, without your written consent or authorization for certain treatment, payment, and healthcare operations. There are certain restrictions on use and disclosure of treatment records concerning individuals who are receiving or have received services for mental illness, developmental disabilities, alcoholism, or drug dependence. There are also restrictions on disclosing HIV test results.

Treatment may include:

- Providing, coordinating, or managing related services by one or more healthcare providers; and
- Referrals to other providers, nursing homes, home health, and other health agencies for treatment.

Payment activities may include:

- Determining your eligibility for benefits or health insurance coverage;
- Managing claims and contacting your insurance company regarding payment;
- Collection activities to obtain payment for services provided to you;
- Reviewing healthcare services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, or justification of charges; and
- Obtaining pre-certification and pre-authorization of services to be provided to you.

Healthcare operations may include:

- Contacting healthcare providers and patients with information about treatment alternatives;
- Conducting quality assessment and improvement activities;
- Conducting outcomes evaluation and development of clinical guidelines;
- Protocol development, case management, or care coordination; and
- Conducting or arranging for medical review, legal services, and auditing information.

The practice may contact you by telephone or mail to provide appointment reminders. You must notify us if you do not wish to receive appointment reminders or if you do not wish to be contacted at a certain location or phone number.

We may not disclose your protected health information to family members or friends without written permission. Health information may be released without written permission to a parent, guardian, or legal custodian of a child; the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient's healthcare power of attorney; or personal representative or spouse of a deceased patient.

There are additional situations when the practice is permitted or required to use or disclose your protected healthcare information without your consent or authorization.

As permitted or required by law,

In certain circumstances we may be required to report individual health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries. We are required to report gunshot wounds or any other wound to law enforcement officials if there is reasonable cause to believe that the wound occurred as a result of a crime. Mental health records may be disclosed to law enforcement authorities for the purpose of reporting an apparent crime on our premises.

For Public Health activities,

We may release healthcare records, with the exception of treatment records, to certain government agencies or public health authority authorized by law, upon receipt of a written request from that agency. We are required to report positive HIV and other communicable disease test results to the state epidemiologist. We may also disclose these test results to other providers or persons when there has been or will be risk exposure.

You may submit a written request for a copy of your records. You may also submit a written request to amend your health information if you believe it is incorrect or incomplete. The request must include reasoning to support the request.