



## **Policies & Procedures**

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### **HIPAA**

Agave Family Physicians takes great care to maintain the confidentiality of your records in compliance with HIPAA standards. These standards are detailed in our Privacy Practices handout. By signing below, you acknowledge that you have received a copy of our Privacy Practices handout.

### **COMMUNICATION WITH YOUR DOCTOR**

Face to face contact with your doctor is the most effective way to communicate with your doctor. Faxes, letters, and phone messages will be addressed as time allows. There may be a delay in communication with your doctor using any of these formats. Consequently, it is recommended that you make an appointment with your doctor so that you may have your doctor's undivided attention.

### **BENEFITS**

Our office participates in nearly 80 insurance plans. In today's healthcare environment, benefits constantly change. Although we will assist you in understanding your benefits, it is ultimately your responsibility to know what your insurance plan does and does not cover.

### **RELEASE OF INFORMATION TO INSURANCE**

By signing below, you authorize Agave Family Physicians, PLLC to release your information, including information regarding diagnosis and treatment, to third party payers and/or other healthcare practitioners, so that claims may be processed on your behalf.

### **MEDICATION REFILLS**

Refill requests are typically processed within 3 business days. Refills can be processed more quickly if you request them directly from your pharmacy. Refills for controlled substances require a visit with your doctor. Refills may not be authorized if there is an unpaid balance on your account.

### **NO-SHOWS / LATE CANCELLATIONS**

In the event that you miss an appointment without providing 24 hour prior notice, you may be charged a \$50 fee. This fee is not billable to your insurance and is entirely your responsibility. If you have three no shows or late cancellations, you will be discharged from the practice.

### **FORMS COMPLETION**

There is a \$25 fee to complete forms of up to three pages in length. If forms are longer than three pages, an additional fee may be assessed depending upon the complexity of the forms. Fees will be waived if your doctor needs to see you in order to complete your forms.

### **PATIENT CONDUCT / DISMISSAL FROM PRACTICE**

Patients who are verbally or physically abusive, inappropriate, or threatening to any staff or to another patient will be dismissed from the practice immediately.

### **MEDICAL RECORDS**

If your doctor refers you to specialist for consultation, a copy of pertinent medical records will be forwarded to that specialist at no cost. Any additional requests for records are subject to a processing fee. Fees are based about the quantity of information requested and are not billable to your insurance. Medical records fees are entirely your responsibility.

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I acknowledge understanding of the above policies and procedures and agree to abide by them.

Printed Name : \_\_\_\_\_ Date : \_\_\_\_\_

Signature : \_\_\_\_\_ Relationship To Patient : \_\_\_\_\_

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