

# RYON MEDICAL & ASSOCIATES, LLC.

P O Box 497  
318 Lacey Avenue  
La Junta, Colorado 81050  
719-384-0303 (Phone) ~ 719-384-1033 (Fax)

## *Patient Office Policies*

*As you are well aware, the business of providing insurance-based healthcare is increasingly complex and challenging. For our office to operate effectively and provide the best service to you and your family, we need your cooperation with the following policies. Your clear understanding of these policies is very important. Please let us know if you have any questions or concerns.*

### **OFFICE HOURS**

Our office is open Monday-Friday from **8:30 am to 5:00 pm**. Patients are not scheduled from 12:00 pm through 1:00 pm for lunch. We are closed in observance of major holidays.

### **NEW PATIENTS**

First time patients are asked to arrive **EARLY** to allow adequate time for completing the initial paperwork. For purposes of maintaining continuity of care, we ask that you bring us the **latest relevant records** with the **most recent test results** and **current medication bottles**. We do ask that you transfer your entire medical records from your previous healthcare providers. New patients will be allowed to reschedule their appointment **one time with at least 24 hours prior notice**. No-show appointments will **not** be rescheduled.

### **COURTESY**

We strive to provide the best medical care for our patients. While we make every effort to provide prompt on-time service, the healthcare needs of each individual do not necessarily lend themselves to an exact schedule. We therefore appreciate your understanding and patience. If you have any suggestion or complaint for our office, please let us know. **Angry or foul language** directed to our staff regardless of the issues involved will absolutely not be tolerated and will be grounds for immediate dismissal from our practice.

### **SUPERVISION OF CHILDREN & MINORS PRESENT WITHOUT PARENTS OR LEGAL GUARDIAN**

For safety reasons, we depend on parents to properly supervise their child(ren) at all times. Our staff cannot watch your children. Under no circumstances should a child under the age of 10 be left unattended. We also require a consent form signed by a parent or legal guardian to legally provide medical care to minors 16 and 17 years of age when the parent or legal guardian cannot be present. Minors 15 years of age or younger must be accompanied by a parent or legal guardian.

### **CHANGES IN ADDRESS, BILLING, OR CONTACT INFORMATION**

Please let our staff know if you have had any information changes since your last appointment. This includes your address, phone number, insurance changes or billing information. You will be asked to fill out new registration forms annually so we may update your information.

### **INSURANCE POLICIES & FORMS**

Our office will submit claims for insurance carriers with which we participate. At Ryon Medical & Associates, we are dedicated to offer **QUALITY** and often times **beyond** the standard medical care to our patients. To this end, it

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is **YOUR RESPONSIBILITY** to know your particular ***insurance plan benefits. Comprehensive physicals, mental health care, immunizations, certain laboratory tests, procedures, and prescribed medications including nutrition and herbal supplements may not be covered. Prior Authorizations may be completed at the discretion of our providers. We therefore cannot guarantee that all services and therapies we provide or recommend are covered by your insurance. We also cannot just change CODES in order to modify insurance coverage as it is illegal and fraudulent.*** We strongly encourage you to contact your insurance carrier ahead of time and verify appropriate coverage.

We also require proof of current insurance at check-in for **every** visit. It is essential that you provide all the necessary information about your insurance, both primary and secondary. Since changes in insurance coverage are frequent, it is our policy to obtain a copy of your card(s) for applicable insurance. **Please be prepared to present your card(s) at each visit.** In case of a new policy, a copy of the enrollment form specifying insurance company name and phone number, employer and his/her phone number, insured employee name, date of birth and social security number will be required.

## FEES & PAYMENTS

Payment in full is due at the time services are rendered unless we are submitting charges to your insurance company. **Copays and deductibles are due at time of service or your appointment may be rescheduled.** We accept **VISA and MASTER** cards. We also accept **money orders, checks & cash.** Those patients without proof of coverage may be required to pay in full or be asked to reschedule their appointments. If we are not contracted with your particular insurance plan, **YOU** must pay in full at time of service. A copy of your driver's license will be taken. You will be given a copy of our charge slip to submit to your insurance company for reimbursement purposes.

Even though we will bill your insurance, **WE ARE NOT** responsible to negotiate a settlement for a disputed claim. Billing your insurance **does not** necessarily ensure payment by the insurance company nor does it release the responsible party from its financial obligation to our office for any unpaid balance. In case of an insurance partial payment, the balance is due by **YOU** and we will send you a billing statement. Balances over **120 DAYS** due may be sent to a collection agency unless other arrangements have been made. A **\$25** service fee will be charged for returned checks due to insufficient funds. We may also elect to discharge you from our practice should you fail to comply with our policy. Should you require a payment plan, our office manager will be glad to discuss your options with you.

## APPOINTMENTS & NO SHOW POLICY

We make every effort to provide prompt medical care to all of our patients. If you are unable to keep a scheduled appointment, please let us know at least 24-hours **in advance.** A **NO SHOW** is when a patient fails to keep a scheduled appointment. A **NO SHOW** will generate a **\$50** fee that is **not** payable by your insurance and three no shows may require that you seek your medical care elsewhere. In the event that you have a special circumstance regarding your missed appointment, please contact our office manager. We understand that there may be issues beyond your control and want to be understanding of special circumstances.

If you are delayed and cannot make an appointment on time, please call to advise us of your situation and provide an estimated time of arrival. Any significant delay may require the visit to be rescheduled.

In general, we will not combine your **PHYSICAL** visits with **PROBLEM** visits at the same time since your insurance often may not pay for both.

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Due to the current nature of insurance-based medical practices, we also ask that you limit your visit to **1 TO 2 PROBLEMS only**. Should you have more medical issues that need to be addressed, please inform our staff when calling for appointments, and we will schedule more time for you accordingly. Your providers may also have you return for follow-up visits in order to address your additional medical concerns.

Multiple family member appointments **must be** scheduled in advance. Family members who are present at the time of another member's appointment, but are not scheduled, will be required to schedule an appointment at a later time. Up to **2 members** of the family may be scheduled at any one time.

## **PRESCRIPTION REFILLS**

Providing the highest quality of professional care to our patients is very important to us. Therefore, the following guidelines for dispensing medications in our office have been established:

1. **Ryon Medical does not offer chronic pain management and will not dispense chronic pain medication** (for example, chronic daily narcotics). We will provide you with a referral to a pain management center if you need this specialized form of care after evaluation by our physicians.
2. If you are on a medication that requires refills for a chronic disease (for example, high blood pressure or diabetes), you will be given ample refills for 30 or 90 days at a time during your office visit.
  - a. When you are down to a 30 day supply of medication, we ask that you call and schedule your follow-up office visit in order to be evaluated and have your medications adjusted or refilled. We ask that you allow enough time for us to make an appointment so you're not without your medication. Please have your Pharmacy fax over a refill request to 719-384-1033 prior to your scheduled appointment.
3. For the safety and well-being of our patients,
  - a. Requests for new medications (including antibiotics) and medication refills will not be taken over the phone or over the Internet during office hours without an appointment and evaluation by the physician.
  - b. No new medications (including antibiotics) will be called in over the phone after office hours by the on-call physician.
  - c. We understand that unexpected situations arise, thus a small refill of a chronic medication will be granted for one or two days after office hours on an as-needed basis determined by the on-call physician. This allows patients to be seen and evaluated by the physician during office hours for all their medication refills.

## **TELEPHONE MESSAGES & PROCESSING OF REFERRALS**

We will try our best to respond to your messages as soon as possible. However, please be aware that messages may take up to **24 HOURS** to process and respond. More often than not, if your questions require extensive attention, your providers may elect to have you make an appointment and come for further evaluation for quality assurance purposes. Likewise, due to the nature of insurance-based healthcare, please also allow **48 to 72 HOURS** to process your specialist referrals.

## **FMLA & DISABILITIES FORMS**

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In general, we **do not** complete or perform **Long-Term DISABILITY Forms & Evaluations**. We **do require** that **FMLA Forms & Short-Term DISABILITY Forms** be completed **IN PERSON** during our regular office hours, at which time our providers may refer you to appropriate specialists for further evaluation and management.

## MEDICAL RECORDS & FORMS

All requests for medical records must be on a HIPPA approved form, which must be properly and completely filled out and signed by the patient or legal guardian. Improperly filled out forms may delay your request. Please allow **at least 5 BUSINESS DAYS** for processing.

**Medical records released to a new provider, specialist or school:** For continuity of care and as a courtesy to the patient, our office will forward records requested at no charge.

**Medical records released to the patient, some insurance companies, law firm or miscellaneous requests:** Records are subject to copying fees.

## AFTER HOURS

When an **EMERGENCY** arises, and you need to get in touch with our on-call service, you may call our office at (719) 384-0303. You will be directed to our on-call service personnel, who will then provide you with appropriate instructions. As a reminder, this option should only be used for **emergencies**. Please be aware that as a general rule, we **DO NOT** call-in **antibiotics and/or medication refills**, and under **NO CIRCUMSTANCES** will **narcotics** be called to the pharmacy.

## IN A LIFE THREATENING SITUATION, PLEASE CALL 911 IMMEDIATELY.

Our friendly staff is committed to making your visit as pleasant as possible. Your comments or concerns are important to us. We rely on them to continue to improve our quality medical care to you and your family.

## FINANCIAL POLICY

Please take the time to **READ** this financial policies form. If you feel that you need additional information or explanation regarding these policies, our billing specialist will be glad to answer any questions.

We are contracted with many insurance plans. Under these plans the patient or responsible party may be required to pay deductible, co-pay, co-insurance for non-covered goods and services. **COPAYS AND DEDUCTIBLES ARE DUE AT TIME OF SERVICE or your appointment may be rescheduled!**

We accept **VISA and MASTER cards**. We also accept MONEY ORDERS, CHECKS and CASH.

It is **YOUR RESPONSIBILITY** to know your insurance plan benefits. **MENTAL HEALTH SERVICES, IMMUNIZATIONS, WELL-CHILD CHECKS, certain LABORATORY TESTS, PROCEDURES, and PRESCRIBED MEDICATIONS, etc., may NOT BE COVERED.**

If a service is not covered by your plan, payment is due at time of service. We encourage you to contact your insurance carrier ahead of time and verify appropriate coverage. We will also require proof of insurance in the form of an insurance card, or in the case of a new policy a copy of the enrollment form specifying insurance company

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name and phone number, employer and his/her phone number, insured employee name, date of birth and social security number.

If we are not contracted with your insurance plan, **YOU** must pay in full at time of service. A copy of your driver's license will be taken. You will be given a copy of our charge slip to submit to your insurance for reimbursement purposes.

We submit our services to your insurance company as a courtesy to you. However, you are **RESPONSIBLE** for the balance of the account and any portion not paid for by your insurance, and you will receive a statement detailing the activity and balance on your account. You may need to contact your insurance carrier to find out why they have not made payment. Outstanding balances must be paid before scheduling another appointment.

Balances over **120 DAYS** due may be sent to a collection agency unless other arrangements have been made. If you require a payment plan, our office manager will be glad to arrange this with you.

A **\$25** service fee will be charged for previously written returned checks due to insufficient funds.

If an appointment is missed without timely notice, a **\$50** fee will be assessed to the account if a second No Show occurs.

There will be a **\$25** charge for any letter written by our provider on behalf of a patient. Fee **must** be paid PRIOR to letter being released to patient.

There will be a **\$25** charge for any additional forms requested to be filled out by our provider. Fee **must** be paid PRIOR to forms being released to requesting party.

Please note that fees for no-shows, letters and returned checks are **NOT** payable by insurance and will be **YOUR** responsibility.

Thank you for choosing our office for your healthcare needs.

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*Patient Office Policies*

Patient Name (Please Print): \_\_\_\_\_ DOB: \_\_\_\_\_

**I HAVE READ, AGREE, AND UNDERSTAND THE ABOVE POLICIES OF RYON MEDICAL & ASSOCIATES,  
AND BY SIGNING BELOW I ACCEPT THESE RESPONSIBILITES:**

\_\_\_\_\_ Patient/Responsible Party \_\_\_\_\_ Date

\_\_\_\_\_ Witness (Ryon Medical & Associates)