

Premier Neurology and Wellness Center
1050 SE Monterey Rd. STE. 302
Stuart, FL 34994

Financial & Office Policies

Patient Financial & Office Policies:

We are dedicated to providing you with the best possible care and service. We regard your understanding of our financial policies as an essential element of your care and treatment. We are more than willing to provide care within the guidelines of your insurance plan. It is however, your responsibility to know and understand those guidelines.

Office Hours:

Monday – Thursday 8:30 am – 4:30 pm.

Appointments:

We make every effort to see all patients at their appointed time and request that you extend the same courtesy to us. We request that you notify our office immediately if you will be late for your scheduled appointment. This allows us to utilize the time to attend to other patients. We reserve the right to reschedule appointments to which the patient is more than 15 minutes late. The office tries to do everything possible to remind patients of their appointments, however, it is ultimately the patient's responsibility to know their scheduled appointment.

Canceling Appointments and "No-shows":

When a patient does not keep their scheduled appointment and does not call the office to cancel, we lose the opportunity to help someone else in need. If a patient does not show up for two appointments in a 12 month period, the patient will be discharged from this practice. If you fail to show and do not call to cancel your first new patient/consultation appointment, we may not reschedule it. A notice of at least 24 hours is required should you be unable to keep your scheduled appointment. We reserve the right to charge a fee for missed appointments or appointments that are not cancelled 24 hours prior to appointment time. The current fee is \$50. Should you incur this fee, it must be paid in full prior to your next appointment.

Doctor-Patient Relations:

We will make a special effort to explain your condition, medication, treatment, etc. Should you have a question or if something is not clear, please do not hesitate to ask. Our personnel, office procedures and medical equipment were chosen with much thought and care to provide the best quality medical services in a pleasant, efficient and friendly atmosphere.

Prescriptions and Refills:

Have your pharmacy fax our office with routine requests for prescription refills during regular office hours. Monday through Friday. Every effort will be made to attend to your refill request within 24 hours. We do, however, ask that you please do not wait until you are out of medication to request a refill. Please be aware there will be times when your physician may wish to see you prior to authorizing a refill. It is our policy not to dispense or renew medications over the telephone after office hours.

Returning Messages:

Our staff has been trained to answer many of your questions. When your call requires a response from your physician every effort will be made to return your call promptly, usually within 48 hours. Non-emergency phone calls should be limited to our regular business hours.

Evenings, Weekends & Holiday Emergencies:

Dr. Saadia provides clinical care in the office during regular office hours, but does not provide hospital care and is not available for emergency visits on nights, weekends or holidays. We recognize that outside of office hours, medical emergencies do occur. If that happens to you, please do not delay in calling 911 for assistance or present yourself to a hospital emergency room for evaluation. We will gladly speak to any treating physician during an emergency and forward any medical records to them if needed.

Health Insurance:

All health insurance deductibles, co-pays and co-ins are due at the time services are rendered. You must be prepared to provide your health insurance card at every visit. This office files primary health insurance for those which we participate. If you have a secondary health insurance payer, we will file a medical claim to them as well. It is your responsibility for knowing your policy information such as co-payments, co-insurances and deductibles. We will not become involved in disputes between you and your health insurance carrier. In the event your health plan determines a service to be 'not covered', you will be responsible for the complete charge. Payment is due at the time of service. **Auto Insurance**

We will file a claim to your auto insurance carrier if Personal Injury Protection (PIP) Benefits are still available. **We will not file PIP to any third parties.** You will be responsible for the 20% co-insurance on your PIP insurance at the time of service, unless you provide us with health insurance, which will be filed as a secondary payer.

Personal Information:

It is imperative that our office be provided with current information on you. We must be able to contact you. Please keep us updated of new addresses, phone numbers, place of business and insurance information. We will require you to fill out an updated patient information sheet on an annual basis or anytime there are changes to your personal information.

Disability, Driving & Other Forms:

There is a **pre-payment fee of \$15** for completion of each of these forms. Please allow 5–7 days processing for each form.

Medical Records & Requests:

Our staff will not divulge any information regarding your condition to family members, friends or employer without written permission. All medical record requests require a signed written release of information present in the patient chart. If a release is not signed the patient will be required to sign a release before processing begins. A copy of our release can be mailed or faxed. All requests will be processed within 15 business days. A processing fee of \$1.00 for the first page and \$.50 per page thereafter, plus any applicable postage will apply (pursuant to Florida Statute, Chapter 395). Payment is due prior to the release of records.

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Acknowledgment of Receipt of Financial & Office Policies

I have read and understand that Premier Neurology and Wellness Center requires a cancellation notice at least 24 hours in advance when I am unable to keep an appointment. If a cancellation notice 24 hours prior to my appointment time is not provided or I NO SHOW, I am aware there is a fee of \$50 per occurrence. I also am aware if I incur this fee, it must be paid in full prior to my next appointment.

New patients who do not show for their first appointment may not be rescheduled. Multiple cancellations or missed appointments in any 12 month period will result in dismissal from the practice.

By signing below, I acknowledge I have received this notice and understand the financial and office policies for Premier Neurology and Wellness Center

Patient Name (or Legal Representative)

Relationship to Patient

Patient Signature (or Legal Representative)

Date