

TOWN & COUNTRY Family Physicians

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OFFICE POLICIES

1. I authorize Town and Country Family Physicians (herein referred to as TCFP) to provide me and/or my dependents medical care.
2. In consideration for other patients and the doctor, please cancel your appointment at least 6 hours in advance if you are unable to keep your appointment. There will be a \$25.00 charge added to your account if you fail to notify us to cancel your appointment.
3. If you are more than 15 minutes late for your appointment, we reserve the right to reschedule your appointment.
4. If you have a balance after your insurance company has made payment, and all contractual adjustments have been applied, you are responsible for the amount and payment in full is due within thirty days.
5. Please allow **seven to ten** days to obtain lab results. You will receive notification via secure email message of your test results. If you have not received notification of your results in two weeks, please call our office. You will have to register for our patient portal services to access your medical information.
6. If your doctor has evaluated you and you need a referral for that condition, please allow **five to seven business days for your insurance company to process the referral**. Insurance companies will not approve same day referrals.
7. We are now set up to accept electronic prescription refills. For your convenience and safety **Prescriptions** are issued during office hours only. Due to HIPAA guidelines and to protect your confidentiality, we no longer refill medications by ~~phone~~ or fax. TCFP will only issue prescriptions for the appropriate time period. After that you are required to see the physician every three months. Please DO NOT wait until you are out of medications to schedule an appointment. **We require a minimum of 3 days turnaround time for all refill requests.**
8. If a parent or legal guardian would like their child under the age of eighteen to be seen without the parent or guardian present, written consent will be required for each visit.
9. TCFP is not a walk-in clinic. We work by appointment only.
10. When leaving a message for the nurse or doctor, please be aware we see patients all day so your call may not be returned until the end of the day. Please DO NOT leave voice messages for emergencies; go straight to the nearest emergency room.
11. TCFP reserves the right to charge for services your insurance company requires but does not pay for, such as pre-certs, prior authorizations, lengthy telephone conversations, etc. Fee for Pre-Authorization is \$25.00-pre-payment is required before the physician is able to start the pre-certification process.
12. **Due to the increase cost of doing business, it has become necessary for TCFP to charge the patient an administrative fee for medical supplies and biohazard disposal. Your insurance company does not cover this cost and it will be collected at time of service. Currently the charge is \$2.00 per visit but this is subject to change without prior notice. Administrative fee will not be billed to your insurance company.**
13. It is the patient's responsibility to notify the office upon arrival if your insurance has changed. Failure to do so may result in your insurance company not paying the claim due to timely filing deadlines. Patient is responsible for payment in full if this occurs.
14. It is the patient's responsibility to understand your insurance benefits and which laboratories are covered by your plan. If services provided are not covered under your plan, you will be responsible for payment at time of service. WE DO NO BALANCE BILL FOR COPAYS, COINSURANCE OR DEDUCTIBLES.
15. All requests for medical records will be assessed a charge of \$35.00 for the first 20 pages and \$.50 cents per page thereafter. \$25.00 for billing records. Also, a reasonable fee not to exceed \$15.00 for executing affidavit. Payment will be required in advance. Please allow fifteen business days for processing. If we need to mail records a flat fee of \$5.00 will be assessed also.
16. **There is a \$35.00 charge on all Returned Checks.** Repayment will be accepted in cash or money order only. If we receive more than one returned check, we will no longer be able to accept this form of payment from you.
17. We are not certified to treat any injuries that have occurred at your place of employment. You must contact your Human Resources Department to find out whom they require you to see.
18. Either party can terminate this doctor/patient relationship at any time with written notice.
19. We make every effort to accommodate our patients. Our exam rooms are very small. We request that you do not ask for two patients to be seen in the same room, i.e., husband and wife, several children, etc.
20. TCFP will no longer mail out copies of test results. Patients will have to register to our Patient Portal Services to access their results. Our staff will provide you with the documentation you will need in order to register.

I have read and understand the above terms of payment and other office policies and I agree to the terms stated therein.

Signature (Financial Guarantor): _____

Printed Name: _____ Date: _____

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