

FAMILY MEDICINE AUSTIN

⦿ *Diagnostic Based Healthcare.*



Welcome to Family Medicine Austin

Policies

We are pleased you have chosen Family Medicine Austin to provide your care. Our team strives to offer diagnostic comprehensive, compassionate service to all our patients, their families, and friends. To make the most out of every visit, we recommend making a list of concerns before your visit, top priority first. Your priorities are our priorities, we would like to give you the time to discuss your issues and cannot do so at the time of an Annual/Physical. We will gladly reschedule your Physical if you have things to discuss today, your visit will then become an office visit.

We are proud to offer an extension to the traditional physical, an integrated, head-to-toe evaluation designed to discover potential health problems and address risk factors that compromise your health. This advanced wellness screening is non-invasive, painless and includes vision, thyroid, heart health, and lung function testing. Schedule your yearly screening as part of your physical.

Appointments: Office visits are 15 minutes and physicals are 30 minutes. So, if a patient is just 10 minutes late, our entire schedule is impacted. Please **be at least 10 minutes early** for your appointments. We love to be on time, help us help you. Canceling less than 24 hours in advance will result in a \$35 charge. Schedule your FOLLOW UP appointment before you leave, it is the easiest way to maintain your medication and secure a convenient time for yourself.

Insurance Verification: We are not in-network with Medicaid. There are a few additional insurance plans we are not in-network with. Our online verification does a good job at verifying benefits ahead of time. It is the patient's ultimate responsibility to confirm that they are in-network with this office (Family Medicine Austin). We **must also be listed as your PCP** if you have a PCP on your insurance card.

Labs/Testing: We offer on-site laboratory and allergy testing as a courtesy. We use many laboratories including: Convergent and Quest, and CPL Labs. Patients have the choice of the lab they use. FMA will order labs that are important for your overall wellness, it is your responsibility to verify that your insurance will pay for all tests ordered. When any test is ordered such as an X-ray, MRI, blood, or another study, it is FMA's POLICY that you must follow up in person for an appointment after the study is completed (unless an emergency or normal pap smear). We cannot discuss results over the phone with all of our patients. As a courtesy, we send Patient Portal messages with results, you may then CANCEL your appointment if your results are normal. We suggest scheduling an appointment 2 weeks after lab tests and 1 week after all radiology/studies.

Medication Refills: **Refills take up to 72 hours** and must be done through your pharmacy. Please ask them to fax us. We cannot take refill requests over the phone.

Communication: We strive to be accessible. We have a Patient Portal that directly contacts you to your provider and staff M-F. We offer walk-in appointments for urgent/limited concerns only (UTI, cold, acute pain, ADHD refills, etc.), the sooner you are here, the more likely you will be seen. Expect a lengthy wait when you are a walk-in. We can schedule you for an appointment if the wait is too long. Providers see patients from 8-5 and are with patients all day, any messages left will be returned via Patient Portal. We offer telemedicine appointments (for certain applicable conditions)

Family Medicine Austin understands that VALUE of primary care and YOUR TIME. With that in mind, we provide our patients with several ONSITE services: allergy testing and treatment (immunotherapy- the only known cure for allergies). Our allergy team can verify if your insurance will cover testing/treatment so you can move past nasal congestion and itchy eyes!

ADHD Testing and Treatment: We offer objective testing onsite. Insurance does not cover the cost of this test. If the test is positive for ADHD, you can begin medication management immediately.

Hormone Replacement Therapy: Ask your provider for more details and we can get your hormone levels drawn to see if you are a candidate.

By signing this form, I agree to the above policies. I represent that I am the legal representative of the Member identified above and will provide written proof (e.g., Power of Attorney, living will, guardianship papers, etc. that I am legally authorized to act on the Members behalf with respect to this authorization form.

Patient First Name

Patient Last Name

Guardian First Name

Guardian Last Name

Patient DOB

Patient Signature

Date

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Formulary Benefits Data Consent Form

Please carefully read and sign the following Informed Consent:

1. I hereby authorize Family Medicine Austin and its affiliates, employees and agents to use and disclose protected health information (e.g., information relating to the diagnosis, treatment, claims payment, and health care services provided or to be provided to me and which identifies my name, address, social security number, Member ID number) for the purpose of helping me to resolve claims and health benefit coverage issues.
2. I understand that any personal health information or other information released to the person or organization identified above may be subject to re-disclosure by such person/organization and may no longer be protected by applicable federal and state privacy laws.
3. I understand that I have a right to revoke this authorization by providing written notice. However, this authorization may not be revoked if, it's employees or agents have acted on this authorization prior to receiving my written notice. I also understand that I have a right to have a copy of this authorization.
4. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.
5. I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my eligibility for benefits or enrolment or payment for or coverage of services.
6. I have been advised of this practice's Privacy Practices, release of Billing Information policy, Assignment of Benefits policy, and grant the practice Medication History Authority.

If applicable, Legal Representatives sign below:

By signing this form, I represent that I am the legal representative of the Member identified above and will provide written proof (e.g., Power of Attorney, living will, guardianship papers, etc. that I am legally authorized to act on the Members behalf with respect to this authorization form.

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Patient DOB

Patient Signature

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HIPAA Privacy and Release of Information Authorization

Please carefully read and sign the following Informed Consent:

1. I hereby authorize Family Medicine Austin and its affiliates, employees and agents to use and disclose protected health information (e.g., information relating to the diagnosis, treatment, claims payment, and health care services provided or to be provided to me and which identifies my name, address, social security number, Member ID number) for the purpose of helping me to resolve claims and health benefit coverage issues.
2. I understand that any personal health information or other information released to the person or organization identified above may be subject to re-disclosure by such person/organization and may no longer be protected by applicable federal and state privacy laws.
3. I understand that I have a right to revoke this authorization by providing written notice. However, this authorization may not be revoked if, it's employees or agents have acted on this authorization prior to receiving my written notice. I also understand that I have a right to have a copy of this authorization.
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