



OFFICE POLICY

Fresno Women's Medical Group, Inc. (FWMG), offers women's healthcare services specializing in obstetrics and gynecology. We want to work with you to help you achieve optimal health.

Facilities. FWMG physicians provide obstetric and emergency services only at Clovis Community Hospital. If you present to any other facility with emergency needs, we will be unable to attend you. Our surgical patients may be scheduled at Fresno Surgical Hospital, Clovis Community Hospital or Saint Agnes Medical Center. Please be advised that FWMG, Inc. has an ownership interest in Fresno Surgical Hospital.

On-Call Physician. A qualified physician is on-call for our group at all times. We cannot guarantee a specific physician for on-call services. Specifically, we cannot guarantee that a female physician will be available to you for obstetric or emergency services.

Specialists. We are specialists in obstetrics and gynecology and are not primary care providers. It is important that you establish a relationship with a primary care physician. We are not qualified to provide medical services other than obstetrics and gynecology.

Healthy Choices. We want to work with you to help you make healthy choices. You have the right to decline any medical therapies or evaluations which we might recommend. We want to help ensure that our pregnant patients will deliver healthy babies. For this reason we may on occasion, order toxicology studies (drug screens) on our pregnant patients.

Phone Calls. We cannot provide adequate medical care over the telephone or fax. Our physicians and nurse practitioners do not provide telephone consultations. It is a priority of the staff and providers at FWMG to answer emergent phone calls in a timely manner. Our staff may be able to answer simple, routine questions for you, but in general non-emergency concerns should be addressed at a scheduled office visit. Non-emergent phone calls are not covered by your insurance company. Emergent calls will be directed to the on-call physician after triage by our staff or the telephone exchange service. If you have a life threatening emergency, call 911.

Privacy. We make every effort to protect your privacy and maintain your medical information in a confidential manner. FWMG has a Health Information Portability and Accountability Act (HIPAA) office policy in place which describes how your protected health information may be used and disclosed and how you can obtain access to this information. Please ask our staff for a copy of our Notice of Privacy Practices. With a few exceptions defined by federal law, we cannot release any of your medical information to anyone, including your spouse and/or other family members, without your specific written consent. Your request for release of information must be made in person; we do not accept phone, fax or mailed requests.

Chaperones. A staff member is always available to be in attendance as a chaperone during any part of your office visit. If you wish to have a chaperone present during all or part of your visit, simply indicate this to your provider or to her medical assistant. Under some circumstances a medical assistant or other chaperone may be present during your office visit at your provider's request.

Test Results. We will notify you of your laboratory and radiology results by mail. We ask that you please not call our office for these results unless you have not received the information in a timely manner. It is important to note that our office does not receive many test results for several days or even weeks.

Payment. Payment is expected at the time of service. We accept payment in the form of cash, check or credit card. We will bill your insurance as a courtesy to you; however, you are responsible for providing us with the appropriate billing information. It is also your responsibility to determine covered services through your individual health plan. We are required by insurance contracts to collect any co-pay or deductible due on the date of service. Any service not covered by your health insurance must be paid for on the date of service. Your full co-pay amount is due at the time of service.

Medicare. FWMG is a participating provider for Medicare. It is your responsibility to provide us with your Medicare card and endorse the assignment of benefits from the bill to the office.

Out-of-Pocket Expenses. The following services are not covered by insurance:

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| ▪ Missed appointment (cancelled in less than 24 hours) | Full visit charge |
| ▪ Late Fee (on balances over 30 days) | 2% per month of balance |
| ▪ Returned check | \$35 |
| ▪ Medical records request (no charge to requesting physician) | \$35 per request |
| ▪ Disability and other forms (after the initial form) | \$20 each |

Prescription Refills. It is your responsibility to obtain written prescriptions with a year's refills at the time of your annual exam. This will eliminate the need to contact us for refills between visits. It is your pharmacist's responsibility, not FWMG's, to authorize refills which we have already written, or to transfer a prescription to another pharmacy at your request. With rare exceptions, for your safety, we do not call in or FAX prescriptions, including refills, after business hours. If you need a medication refill or change in medications prior to your next scheduled visit, you will need to call our office for an appointment.

Eligible Facilities. Many insurance carriers require that you use specific providers, including laboratory and radiology services. It is your responsibility to determine which providers are contracted with your insurance carrier.

Cancellations. If you are unable to keep your appointment, we ask that you kindly call our office at least 24 hours prior to your appointment in order to reschedule. If you fail to keep an appointment without canceling at least 24 hours in advance, you will be charged the full amount of that missed appointment. This charge will not be covered by your insurance. Once payment is received in full for the missed appointment, we will schedule another appointment. If you continue to miss appointments, you will be dismissed from this practice.

Respect. We do our best to offer you excellence in medical care in an atmosphere of comfort and respect. In turn, we ask that you respect our staff and other patients by cooperating with our policies. If you have questions and/or concerns about FWMG's policies, please ask to speak with our administrator. We value your input and appreciate your suggestions.

Thank you for your trust and allowing us the privilege of caring for you.

I have read and agree to these policies, and have received a copy of FWMG's Office Policy document.

Patient Signature _____

Date _____

FWMG Staff _____

Date _____