



Office Policy Dr. Judi Krogstad

Facilities. Dr. Krogstad provides newborn care out of Fresno Community Hospital, Clovis Community Hospital, and St. Agnes Medical Center. Patients requiring admission to Valley Children's Hospital will be referred to the Children's Hospital Physician group for the duration of their stay.

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. Dr. Krogstad or another qualified physician is on call at all times. This is a service to assist you with emergency situations only. Routine questions or concerns should be addressed during office hours.

Specialists. Dr. Krogstad or another qualified physician will provide newborn hospital services 7 days a week.

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. Occasionally Dr. Krogstad may require testing such as toxocytology studies or pregnancy tests to provide a complete medical evaluation of your child or adolescent.

Consultations. We cannot provide adequate medical care over the telephone or fax. Our physicians and nurse practitioners do not provide telephone consultations. 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. 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.

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 copay 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.

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:

β Late fee (on balances over 30 days)	\$20 per month
β Missed appointment (cancelled in less than 24 hours)	Full visit charge
β Returned check	\$35
β Medical records request (no charge to requesting physician)	\$35 per request
β 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 Dr. Krogstad'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 prescriptions after business hours.

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 Dr. Krogstad'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 Dr. Krogstad's Office Policy document.

Patient Signature _____

Date _____

Dr. Krogstad Staff _____

Date _____