

**BETH HANRAHAN, M.D., LLC**

**Our Goal is to provide our patients with timely medical care in a professional manner. Your health care is a partnership between you, the Physician and/or Provider and our Staff. In order to serve you better, we have instituted policies to make your experience with us the best it can be.**

**Patients arriving late:** Every effort will be made to accommodate a patient who is tardy. However, if a patient is more than 15 minutes late for their scheduled appointment, we may need to reschedule that individual if they cannot be accommodated without delaying other patients.

**Schedule running behind:** On occasion, the provider may be behind schedule due to an emergency or to a patient requiring more than the allotted time. If you would like to reschedule, our Staff will do everything to accommodate you.

**Scheduling Appointment:** We respectfully request when calling to schedule an appointment that you let the scheduler know what type of problems you are experiencing. This allows him/her to offer you an appointment with the proper time allotment. Your health is important to us. We do not want to rush the evaluation and treatment of any problem.

**Patient Messages:** We try to call back by the end of the day and usually able to accomplish this. Our staff is knowledgeable and has been trained to answer many of your questions. Depending on your question, it may take longer to gather the information you request. We firmly believe that practicing medicine over the phone is not in your best interest and you may be asked to come to the office for a visit.

**Prescription & Renewals:** Routine prescription refills will only be handled during regular office hours. Please call 48 hours before needed, with the name of the medication, the strength, and the quantity needed, as well as the phone number of your pharmacy. Please call your pharmacy and have them fax your request to our office at (727) 725-8589. Please allow 48 hours. We attempt to address prescription refills within one working day. No narcotic prescriptions will be called after hours.

**Authorizations & Referrals:** Please notify us 48-72 hours prior to scheduling specialist visits to facilitate authorizations from your insurance company. Please remember that your insurance company must review the request, approve the visit and notify our office. Once this is done, we will notify the specialist that your visit has been approved. Please provide the name of the specialist, his/her phone number, fax number and procedure codes required by the insurance company for consideration.

**After Hours & Emergencies:** In an emergency, if the situation is life threatening, CALL 911. If the situation is urgent but less critical, call our regular office number and you will be provided with a doctor on call through our answering service. If you are experiencing chest pain, please report to the nearest hospital Emergency room or CALL 911. Please be advised that the answering providers will not have access to your medical chart and will only be able to give medical advice.

**Fees For Forms Filled Out:** There are \$10-\$40 fees expected from the patient if our office has to complete any forms. The fee is per form. We will not bill any insurance companies for these fees, it is the patient's responsibility.

**Medical Insurance:** Payment for services is due at the time of visit. This includes co-payments, co-insurance, deductibles and any non-covered services. We accept cash, local checks, Visa and MasterCard.

**No-Show/Late cancellation:** There will be a charge to the patient of \$25 if you are a no-show or fail to cancel your apt within 24 hours.

**\*Annual Physical:** The doctor will see you and will then submit the charges to your insurance company as provided by your provider. Annual Physicals are considered "Well Visits" and are directed at your health maintenance. Any problems or other health complaints such as a cough, uti, leg pain, etc., discussed are eligible to be billed as an additional office visit and may be subject to co-insurance or deductible payments from the patient. If you do not wish to have an additional charge billed for this date of service we request you speak to the front desk to schedule a separate office visit for a future date.

**Your medical insurance is a contract between you and your insurance company. Certain tests and procedures such as labs, EKG's, etc., may not be fully covered. It is important to follow the rules of your plan. Our office is NOT responsible for determination of whether or not tests and procedures are covered by your plan.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_