

## PRACTICE POLICIES

M Cheikin MD

Dear Patient:

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Welcome! We are glad to have the opportunity to work with you. Our mission is to provide high quality holistic medicine and physiatry within the constraints of the current health care system. This page will review our policies and procedures. Please see our website, [www.cheikin.com](http://www.cheikin.com) for more information about Holistic Medicine and Physiatry.

1. In most cases, your health plan will cover:
  - Initial office visits up to 60 minutes (only "face-to-face time" is covered; and you will need a referral at the time of visit if you have an HMO)
  - Follow-up office visits between 15-40 minutes (same requirements as initial visit)
  - Conventional lab tests and their review during office visits
  - Conventional medications and treatments prescribed by a physician if on the plan's formulary (and subject to the plan's copays, deductibles and other restrictions)
  - Phone calls to other physicians and practitioners during office visits
  - Counseling of patient
  - Coordination of care with family members during office visits
2. **Your health insurance plan will not cover (but a Healthcare Savings Account may cover) these and other services for which there are fees:**
  - Holistic Services such as educational materials, coaching, nutrition, acupuncture, yoga, special programs etc. for which there are separate fees
  - "Non-covered" lab tests
  - Interpretation of lab tests for which there is no established code or reimbursement by insurance plans
  - Access to special web site materials
  - Copays (due at time of visit) and Deductibles
  - Office visits that go over time
  - "Case Management" assistance with health carrier issues (such as coverage, referrals) and legal/administrative matters
  - Phone and email services
  - Phone calls to other practitioners not during office visit time
  - Review of tests and other information not during visit time (see lab policy, other side)
  - Visit cancellations or time lost due to lateness on your part
  - Copying costs
  - Completion of forms
3. Here are additional policies and procedures that will allow us to provide the best and most cost-effective care:
  - a. We will schedule office visits for 30-45 minutes. If you need more time, we can schedule more frequent visits to cover your medical needs. You can also elect to pay privately if you want an extended visit, but this must be scheduled in advance.
  - b. Because we reserve 30-45 minutes for your visit, for a no-show or cancelled visit with less than two full business days (i.e. Thursday 10 am for a Monday 10am visit), there will be a fee of \$150. Lateness of more than 15 minutes will cause your appointment to be cancelled with this fee. If making appointments in advance is difficult for you, you can call the day of your next needed visit for any open appointment slots or to be placed on a waiting list.
  - c. **Because of the complex needs of many of our patients, we sometimes run late up to 45 minutes and cannot guarantee time slots. Please plan your appointment accordingly, including time for checkout after the visit with the physician. If you cannot work within this parameter, then we can discuss options during our first visit.**
  - d. **If your insurance carrier requires a referral, it is your responsibility to make sure the referral is obtained from your primary care physician before the visit. You will be financially responsible for the office visit if a referral is not obtained. If an office visit is cancelled due to lack of referral, you will be charged a \$150 cancellation fee.**
  - e. During office visits, let's be sure to renew prescriptions. There may be a fee for non-urgent phone renewals.
  - f. You will be required to provide copies of any documents that are pertinent to your care or that you want me to review. Our staff cannot provide such services due to time constraints.
  - g. While I will try to handle urgent issues related to the care I am providing, over the phone, you may need to come in (I will do my best to see you soon) or you will need to go to a local emergency room, urgent care center or primary doctor.
  - h. Forms will be completed at our discretion. Some must be filled by your primary doctor.
  - i. Returned checks will be charged a \$30 fee.
  - j. Unfortunately with the increase in deductibles and copays, patient responsibility for charges is increasing. We are required to notify you about our collection policies. Past due balances will be charged 1.5% per month after 30 days. Our collection company charges 26%, to which a handling fee of 6% is added for a total collection fee of 32%. Charges go into collection ONLY AFTER multiple attempts to collect from you. Please be sure to update us with changes of address and health insurance to help avoid such a scenario.
  - k. You are expected to maintain a relationship with a primary care physician to handle routine medical issues such as medication renewals (for medications not prescribed or adjusted by me) vaccines, colds, and related conventional care.
  - l. Nutriceutical supplements are provided in the same way as pharmaceuticals. We make our best effort to provide effective agents for your problems. We cannot guarantee results and cannot accept returns except in the case of clear manufacturing defects. Small portions are available to test some agents at a reduced cost.
  - m. Many of our patients are very sensitive to chemicals. Therefore, please do not wear any commercial scents or lotions, including those that may remain on previously worn clothes.

Due to the ongoing malpractice and health insurance crisis in Pennsylvania, many doctors have left the state and/or have stopped participating in insurance plans. Agreeing to these mutual commitments at the beginning of our relationship will allow us to make the most of our visits, and allow us to focus on providing you with the best quality we can. Thank you in advance for your understanding and cooperation. Please feel free to discuss any concerns you have about the above during our visit(s).

I have read and agree to be bound by the above policies. I understand that I can print a copy from the website.

**PLEASE ALSO  
REVIEW AND SIGN  
OTHER SIDE**

\_\_\_\_\_  
Patient's (or BOTH parent/guardian's) signature

\_\_\_\_\_  
Date