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640 Martin Luther King Jr. Blvd, Ste 200, Macon, GA 31201 * P: (478)745-5455 F: (478)745-2915 * www.maconmed.com

Patient-Practice Policies

Patient Rights

As a patient of Macon Medical Group we consider you a partner in your care and encourage you to actively participate in decisions about your care. You also have additional rights, including but not limited to your right to:

- Be respected and cared for by skilled professionals who will always consider your values, beliefs, comfort and dignity without abuse or harassment.
- High quality health care and professional standards without discrimination based upon race, color, religion, gender, sexual orientation, age, disability, national origin or source of payment.
- Have all your medical records kept confidential unless as otherwise allowed by law or third party agreement, including your plan of care.
- Review and receive a copy of your medical record.
- Make decisions involving your healthcare along with your providers.
- Receive information about your diagnosis, treatment and expected outcomes.
- Refuse any medicines, treatment or test offered by MMG to the extent allowed by law. One of our providers will inform you what may happen if you refuse the medicine, treatment, or test.
- Receive a detailed copy of your bill; if asked and warranted you will be given full information to help find financial assistance.
- Voice complaints regarding your care.

Patient Responsibilities

While you are a patient with Macon Medical Group, you will be expected to:

- Work with us in managing your care, including providing accurate information about your health.
- Share your concerns and ask questions when you don't understand information or instructions.
- Provide us updated insurance, billing and contact information and work with us to help get your claims/bills paid.
- Be respectful without abuse or harassment to the staff and medical professionals at MMG.

Scheduling Policy

Macon Medical Group takes great pride in serving our community and managing our schedule properly allows us to serve our community more effectively. We understand that there may be times you may

not be able to make a scheduled appointment whether there is a scheduling conflict or an emergency. We acknowledge that there may be times MMG will need to reschedule your appointment or that there may be times our nephrologists may be running late due to hospital emergencies. In either case we will communicate to you to the best of our ability and expect all of our patients to communicate to us if there is a scheduling conflict.

The following appointment definitions and scheduling policies apply:

- **No-Show:** An appointment is considered a “No-Show” when a patient does not contact our office notifying us that they will not be able to make their appointment; they simply don’t show up.
- **Late:** An appointment is considered “Late” when a patient does not check in with our office within fifteen (15) minutes of their scheduled appointment time.
- **Cancellation:** An appointment is considered “Cancelled” when a patient provides our office a twenty-four hour notice that they will not be able to attend their scheduled appointment.

Cancellation Policy

You are requested to give MMG adequate notice of *Cancellation*; a minimum of a twenty-four hour (1 day) notice of cancellation is expected. At that time we will reschedule that appointment for another appointment date and time that you know you will be able to attend. We realize that certain obstacles and emergencies may arise and we’ll view these on an individual basis; otherwise, if a 24-hour notice is not provided you will be billed a Cancellation Fee of \$20.

Late Appointment Policy

If you know you will be running late, please contact our office as quickly as possible so that we can rearrange our schedule to accommodate. If you arrive late for your appointment (more than 15 minutes) it will be at the discretion of your scheduled provider to fit you in or reschedule your appointment. In most cases we will fit you into the schedule, but please understand that you may have to wait. It would not be fair to the patients that did arrive on time to make them wait.

No-Show Policy

Any *No-Show* will be billed a fee of \$20. After two consecutive No-Show’s or repeated Cancellations, you will risk Macon Medical Group limiting any prescription refills or possibly discharging you from our practice.

Financial Policy

As providers of health care services we are not only involved in the clinical aspects of medical practice but also the business aspect. Holding these responsibilities requires us to maintain compliance with insurance company contracts, government payer guidelines in addition to state and federal health care regulations. Additionally, we are required by law to charge each patient the same amount for every service we offer. The difference of what is considered “allowed” or payable is determined by your specific insurance policy, including any applicable co-pays, co-insurance and deductibles. Fees may also be incurred for miscellaneous expenses incurred at MMG such missed appointments, completing documents, and other services which will be disclosed to you prior to being charged. Ultimately, you are responsible for seeing that your services are paid for.

Current Contact & Insurance Information

Although we verify each patient's benefits prior to their initial appointment, it is your responsibility to give us accurate and updated insurance information at each visit, especially if your insurance policy/company has changed or you have received a new card. If you are covered under more than one insurance plan, please remember to give us information on all plans at the time of service. Additionally, you must provide MMG your most current billing contact information, including all available telephone numbers, and address to ensure you receive any applicable Patient Statements.

If you fail to provide MMG accurate insurance and/or updated contact information in a timely manner your insurance company may deny the claim: If the claim is denied, you will be financially responsible for the balance.

Deductibles/Co-Payments/Co-Insurance

All co-payments, past co-insurance amounts, and/or deductibles are due at time of service; if you are unable to make payments toward your services, you will be required to set up a payment arrangement with our practice at the time of service. Credit cards, cash or personal checks are acceptable forms of payment. Please make checks payable to: *Macon Medical Group, PC*. If a check is returned for insufficient funds, you will be charged an additional \$35 bank return charge to your account.

Explanations of Benefits (EOB)

An Explanation of Benefits is sent by payers to both enrollees and providers after a claim has been processed. EOB's provide necessary information about claim payment information and patient responsibility amounts. It is important for you to read the explanation of benefits (EOB's) sent to you from your insurance company. This document will explain why certain charges are covered or not covered. We only transfer responsibility to you after we have had a response from your insurance company. If you have any questions regarding the coverage of your claim, you should contact your insurance company first.

Letters from Insurance Companies

It is important for you to respond to your insurance company when any information is requested from you. Often they will send questionnaires regarding other coverage and will not process your claim until you respond. Some insurance companies require this with your first claim each calendar year. Do not make the mistake of thinking you have already given them this information and it is not necessary for you to respond. When your insurance company notifies us they have requested information from you, the balance then becomes your responsibility and remains your responsibility until the claim is paid.

Document Fees

Due to the overwhelming amount of documents required to be completed by our providers and the time it takes to complete these documents, MMG has instituted a nominal fee of \$15 for completion of any documents.

Patient Statements & Interest Charges

Statements are typically generated around the 15th of each month. If you receive a statement from MMG, it is because you have a balance. Again, we only transfer responsibility to you only after we have had response from your insurance company.

Please do not ignore a Patient Statement simply because you feel it is not your obligation or you think your insurance company should pay it. Payments left outstanding beyond two months of service (60 days) will result in the assignment of an interest charge of 1.5% per month (not to exceed 18% per annum). If partial payments are made you will not incur any interest charges.

Self-Pay Patients

Self-pay patients pay for health care services out their own pocket instead of utilizing insurance benefits to assist in paying for their services. All Self-Pay Patients will be required to make payment arrangements prior to receiving service with our Billing Manager.

Financial Assistance

If you are facing financial hardship, or are a low-income patient and know that you will have trouble meeting the minimum payments for your medical bills, you need to request financial assistance information about your account. MMG will work with you to find financial assistance programs or create a payment plan to help meet your financial obligations. MMG will require you to provide financial information and complete our Financial Hardship Application. If approved, a Financial Hardship Agreement will be made between you and MMG, including a monthly payment that fits into your budget. If monthly payments are not received regularly, your account will automatically move into our collection process. We are willing to work with you on your balance but communication with our billing office is essential. Please request Financial Assistance by contacting our Collections Manager at (478) 745-5455.

Collection Agency

MMG utilizes a collection agency to handle all of our “outstanding” patient accounts. A patient account is considered “outstanding” after a patient has been sent three consecutive patient statements and no payment or payment plan has been made. MMG will make one last attempt to reach you by phone to discuss a payment plan. If the phone call is not returned within 24 hours (one business day) all outstanding patient accounts will be transferred to our collection agency. At this point, MMG can no longer work out any payment arrangements and the collection agency will begin to process your account through the collection processes which includes negative credit reporting.

Again, payments left outstanding beyond two months of service (60 days) will result in the assignment of an interest charge of 1.5% per month (not to exceed 18% per annum). Additionally, you will be responsible for paying any and all collections, court, and attorney fees we incur in the collection of your account.

IF YOU ANTICIPATE A FINANCIAL DIFFICULTY AND KNOW YOU WON'T BE ABLE TO PAY YOUR BILL IN FULL, YOU NEED TO WORK OUT A PAYMENT PLAN WITH MMG AS QUICKLY AS POSSIBLE TO AVOID COLLECTION ACTIVITY AND NEGATIVE CREDIT REPORTING.

Medical Record Policy

An Electronic Medical Record (EMR) is maintained describing your condition(s), your treatment, your progress, dates of and fees for services, documents and notes describing each encounter with our practice. Your records will not be released without your written consent, unless in those situations described in our Notice of Privacy Practices.

Designated Health Services Policy

The Centers for Medicare & Medicaid Services has categorized specific health procedures and services as “Designated Health Services”, including but not limited to diagnostic ultrasound, laboratory testing, and outpatient prescription drugs. Although we provide these services in our office, it is your right to select the facility in which you want to receive these services. The only exception to this right is if your insurance plan requires you to go to a specific vendor: Currently most HMO plans specify a vendor; however, it is your responsibility to check with your insurance company prior to receiving these services. MMG’s “Designated Health Services Policy” is posted at our Check-In Desk.

Complaint Policy

If you are dissatisfied with any aspect of our services, please inform one of our staff members immediately, or feel free to contact our Practice Administrator, Courtney Easom, via the information below. MMG welcomes any input you may have in helping MMG better serve our patients and our community.

Address: Macon Medical Group
Practice Administrator, Courtney Easom
640 Martin Luther King Jr. Boulevard
Suite 200
Macon, Georgia 31201
Phone: (478) 745-5455
Email: ceasom@maconmed.com

If you think that you have been treated unfairly or unethically by any of our providers and cannot resolve this problem directly with MMG, you can contact the Composite State Board of Medical Examiners for clarification of your rights as we’ve explained them or even to lodge a complaint at the address or telephone number below:

Address: Composite State Board of Medical Examiners
Attn: Complaints Unit
No. 2 Peachtree Street, N.W., 36th Floor
Atlanta, GA 30303
Phone: (404) 656-3913



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Acknowledgement of Patient-Practice Policies

This document serves as acknowledgement that I have received a copy and understand the *Patient-Practice Policies* provided to me by Macon Medical Group, PC. I hereby agree to abide by the policies listed in Macon Medical Group’s *Patient-Practice Policies* and agree to its terms.

I understand that Macon Medical Group, PC reserves the right to change their practices and prior to implementation, Macon Medical Group, PC will send a copy of any revised notice to the address I have provided whether by mail or email if authorized by the patient.

I understand that by refusing to sign this acknowledgment, Macon Medical Group, PC may refuse to accept me as a patient. I fully understand and accept the terms of this agreement.

Printed Patient Name and Authorized Patient Representative Relationship to Patient

Signature of Patient/Authorized Patient Representative

Date

For Office Use Only:

I have attempted to obtain the patient’s signature on this form but was unable to for the following reason(s):

Staff Initials: _____ Date: _____

