

Appointments:

Appointments can be made during regular business hours. If you need to cancel or reschedule an appointment we request you to call us 24 hours before your appointment. If you call after business hours and leave a message with our answering service to cancel or reschedule your appointment, one of our office staff will return your call the next business day to help you reschedule. If you arrive late for an appointment, we will make every attempt to work you into the schedule. However, your appointment may have to be rescheduled if you are 15 or more minutes late.

Verifying Insurance Coverage:

You are responsible for verifying that we are providers in your insurance network and for knowing which services are covered under your plan including but not limited to: office visits, labs, procedures, physicals, and immunizations. You will be responsible for paying for all services, which are not covered by your insurance plan. It is important to know the benefits your plan offers. If you have dual coverage, it is your responsibility to know which insurance plan is the primary payer for your benefits and which plan is secondary. If you have any questions about your benefits please contact your insurance company.

Self-Pay patients:

We accept patients who do not have health insurance, or who have an insurance plan that is out of network with our Providers. We offer a discount for these instances. Payment in full is required at the time of your appointment. We accept cash, major credit cards, debit cards, and personal checks. Please call our office for information about fee for different services.

Third Party Liability:

"Third Party Liability" means that someone else's insurance is to cover your illness or injury. For example, a fall at a grocery store, where the grocery store will pay for your medical bills. All charges for services rendered are payable in full at the time of your visit unless we can verify that your insurance plan will pay for the services as they would pay any other illness. You will need to submit your charges and seek reimbursement from the third party insurance payer. We do not file claims for payment to attorneys or any other third party payer for reimbursement.

Telephone Calls:

Our phone lines are on an automated phone tree to appropriately direct incoming calls. Our staff answers telephone calls from 8:00~AM-5:00~PM. You will always have the option to speak with a staff member directly, but please understand that the purpose of the phone tree is to enable our staff to respond to patients' requests quickly and efficiently. If phone calls are received after business hours, please leave a message with our answering service and a member of our staff will address it the next business day. If you have an immediate need or an urgent concern, please speak with one of our staff and she will assist you.

After Hours Emergency Calls:

Our providers are always available after office hours and on weekends for emergency calls. Instructions on how to reach the On Call Physician are given when you call the clinic number after hours. Telephone encounters that require new diagnoses and/or medication orders will be subject to a fee and will be billed to your account. In a life-threatening situation, go to the nearest Emergency Room or call 911.

Prescriptions:

Refills will be approved or denied within 72 hours after we receive the request. It is imperative to request refills before you run out of your medication. Refills cannot be approved after normal business hours. Typically, the expiration of refills coincides with return office visits. Patients with chronic conditions, such as high cholesterol, require office visits at least every 6 months for refills and monitoring. Follow-up appointments are necessary so that your provider can monitor your condition and adjust medications accordingly. If you need additional medication prior to your appointment, please contact your pharmacy and request they fax a refill authorization to our office. You can also request medication refills by calling our office. Please understand that we do not prescribe antibiotics or controlled substances without an office visit.

Referrals:

Your provider may refer you to a specialist or ancillary service, such as physical therapy or home health. Our office staff will initiate that process on your behalf. Please allow 3-4 business days to complete the referral process. Some insurance plans require us to obtain authorization prior to being referred to another Provider. If your plan requires this, we will contact your insurance company to request the authorization. If this is the case, please allow 7 business days for the referral process to be completed. Our referral coordinator will contact you once referral process is completed.

Laboratory service:

Established patients who require routine labs will have their labs drawn 1-2 week prior to their appointment. We request you to make a separate appointment for lab draw in our office. We have onsite lab draw station from LabCorps. Lab appointment is only for blood draw and you will not see the provider in that appointment. Please note you may need to have additional lab work done if deemed necessary by your provider during your appointment. If your provider does not require you to have a follow-up appointment after lab draw, you will be notified of your results via mail, or telephone. Please allow 7 business days to receive the lab results.

Provider Collaboration:

Occasionally, due to fluctuating responsibilities, you may see a different Provider than your designated physician. If this occurs, any follow-up appointments will resume with your original assigned physician. Mercy Medical Clinic providers collaborate to deliver the same standard of care and attention to you during your visit. We appreciate your understanding when these situations arise and thank you for allowing us to tend to your healthcare needs.

Forms and Paperwork:

Due to the complexity and increasing documentation requirements of numerous regulatory agencies, it is necessary to associate a fee with the completion of forms, paperwork, and documentation including but not limited to: disability, DME certification, DPS authorization, CMS/Medicare, and Social Security. The fees may vary depending on the number of pages and the time spent completing the document.