



### Office & Financial Policies

Thank you for choosing Madison Primary for your health care needs. In an effort to make your transition to our practice as smooth as possible we have the following policies that we request you read & sign. Please feel free to seek clarification on any of our policies.

**Madison Primary Care's Providers: Adeel A. Bodla, MD & Fakhra Ahmad-Bodla, CRNP**

**Our Mission:** Our primary policy is to provide our patients with the highest quality of health care within the scope of our specialty – Family Medicine.

**Office Hours:** Monday – Friday 8-5pm with Lunch from 12-1pm. Extended or after-hours appointments can be made by appointment. Call 911 in the event of any life threatening emergency. An after-hours answering service is always able to contact the on call provider for urgent issues. We welcome you to use this service anytime you have serious concerns or questions. Please use our regular business hours for all non-urgent issues.

**Messages:** We strive to return patient calls on the same day. Non-urgent calls will be returned within 48 hours.

**Medications:** Please make every effort to have any routine medication refills called in during regular office hours so that we can have your medical records available to safely prescribe your medication.

We strive to have zero errors related to your prescriptions & medications. Therefore, please bring all prescription bottles to each appointment. To provide the best care possible, we prefer to write new and refill prescriptions during office visits. If possible, we will write you enough refills to last until your next appointment. Prescriptions may be picked up by the patient, parent/guardian, or persons listed on the Disclosure Release. We are not able to call in any controlled substances over the phone.

**First Visit:** New patient forms are available online & we ask that you complete these forms prior to your appointment time. Forms are also available in the office, and we ask that you arrive 20 minutes before your appointment to complete the forms & registration process. We require a pediatric or adult history packet (which also includes an acknowledgement of our privacy policies) & a signed copy of our office/financial policies. You may also have prior records sent to us by completing a release of medical records. Forms, past medical history & immunization records may be faxed to us in advance for the doctor to review at 256-774-5523.

**Controlled Substances:** Because we do not provide **chronic** pain management services with controlled substances or narcotics- any chronic pain needs or other medical conditions requiring long-term controlled substances treatment will be referred to providers who can better manage your healthcare needs.

**Insurance:** Insurance claims will be filed for you as a courtesy. Please be familiar with the terms and policies of your insurance plan. If you have a deductible, which has not been met, or your insurance deems your visit as a non-covered service you will be responsible for the balance. The terms of your insurance policy are between you and your insurance company. Any questions or problems with your insurance should be directed to your individual insurance company. We require all co-payments on the day of service. There will be a \$25.00 charge on all returned checks.



**Appointments:** Time is valuable for all of us & we want to give you and your health issues our utmost attention. Therefore if you arrive more than 20 minutes late for your appointment, you may be asked to reschedule in order to be fair to the other patients who arrive on time. We ask that you kindly give at least 24 hours notice when cancelling an appointment. We will charge \$25.00 for appointments canceled within 24 hours of your appointment. By failing to cancel or re-schedule your appointment three or more times we will respectfully ask you to find another health care provider.

At this time we do not offer “walk-in” appointments. However, we do have several slots during the day for same-day and urgent problems. Please call early in the day so we can accommodate your needs. We will make every effort to see you on time & also ask for your understanding in the event we are running behind schedule as unforeseen emergencies and complex patients may warrant additional doctor time in the clinic & hospital. Our staff is committed to keeping you informed of delays and giving you options to manage your valuable time.

**Health Forms & Records:** We understand that health forms are required by many agencies, and we will be happy to fill these out during your appointment free of charge if it does not delay the care of other patients. Lengthy forms may have to be completed and picked up later. Any form completion requested outside of an office visit will be subject to a \$25.00 charge.

In order to insure accuracy & safety of your medical information, all of our medical records are in digital format. Copies of your medical records are available to you with a signed medical release. We do not charge for doctor-to-doctor medical record transfers. However, to cover costs we do charge the standard \$0.50 per page for personal copies of records that are printed.

**Identification:** All patients will need to bring their current drivers license or photo ID and an updated insurance card to each appointment. We depend on accurate information to file your insurance claim. Incorrect information can result in the denial of your claim.

**Inpatient Care:** We believe in continuity of care & in most cases will treat our own patients in the hospital.

**Patient Dismissal:** We sincerely hope that we never have to part ways with a patient. However, extreme circumstances may make this necessary. If this occurs, you will be notified by certified mail. You will have 30 days to find another doctor during which we will continue to offer urgent care services only.

Having read the above, I agree to abide by the policies set by Madison Primary Care. I realize that all charges incurred by me and my dependents are my financial responsibility and all court fees, attorney fees, or other fees necessary to collect any past due balances are my responsibility. Failure to follow these policies could result in my dismissal as a patient. I confirm that the information that I have provided is true and correct. I have signed these policies of my own free will.

**Patient/Guardian Signature:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_ **Date:** \_\_\_\_\_