

BUFORD CARE OFFICE POLICY

The following policies are in effect for all patients. Please read this carefully and sign at the bottom. If you have any questions, please ask the office staff to clarify. Thank you for your cooperation and understanding.

The providers at Buford Care **DO NOT provide chronic pain management nor prescribe Schedule II/III and IV medications for managing chronic conditions** except in certain and specific conditions as deemed necessary by the provider. Medication refills, which are not limited to narcotics, periodically require a visit with a provider before prescription refills can be sent to a patient's pharmacy.

Physician visits are on an appointment basis. It is the policy of Buford Care that patients arriving at the office without a scheduled appointment will be seen only if there is an appointment slot available and may involve a long wait. However, we do reserve an allotted time for same day appointments in the event that you need to be seen the same day you call. Please call ahead to reserve these appointments. All patients with scheduled appointments will be seen before walk-ins, so we encourage you to always call ahead to schedule an appointment. Patients with medical emergencies should go to the emergency room. Please be aware that the staff at Buford Care does not do venipunctures. All venipunctures will be referred to a local lab facility if a lab test is ordered by a provider.

THE CLINICS OF BUFORD CARE INC. HAVE A STRICT 'NO SHOW' POLICY. PATIENTS WHO FAIL TO CANCEL SCHEDULED APPOINTMENTS TWENTY-FOUR HOURS BEFORE THE APPOINTMENT TIME WILL BE CHARGED A \$35 'NO-SHOW' FEE.

Patients are expected to pay as services are rendered by either cash or credit card in advance. Please note that Buford Care reserves the right to collect payments for services, that fall under a patient's deductible, upfront before the patient's visit. Checks will not be accepted. The exception to this rule is if the patient has Medicare, Medicaid, Workman's Comp., or insurance that has been agreed to be filed by Buford Care Inc. By signing this form, the patient gives consent to the clinic to send health and claims information to the patient's insurance, and authorizes insurance payments to be done directly to the clinic. **All outstanding balances, that remain unpaid one-hundred twenty days after the posting of charges, will be sent directly to collections unless the patient notifies the clinic to design a payment plan.** It is the patient's responsibility to be informed on the services that are covered by his/her or their insurance plan. The clinics of Buford Care Inc. do not guarantee that services rendered will be covered by the insurance plan. In case of declined coverage for any services performed, scheduled, ordered or referred in or outside of our clinics such as laboratory testing, imaging studies, medical specialist and etc., the patient is entirely responsible to manage and clear the matter. Our clinics and our staff members will not act on the patient's behalf to manage similar situations. It is also the patient's sole responsibility to identify if an authorization from the insurance company is required for any services performed at any of the clinics of Buford Care Inc. All patients must understand that not every insurance will cover the same services at our clinics. As such, any service that is labeled as the patient's balance (i.e. deductible or coinsurance) is the patient's responsibility to pay.

The Clinics of Buford Care do not provide for any translation. It is the patients' sole responsibility to arrange for a translator if contacting the office in person via phone or any other communication

methods.

Buford Care utilizes phone, email, text messaging capabilities to contact patients regarding any issues. The clinics utilize messaging services (i.e patient portal, text message, email) that have end to end encryption to ensure protected health information is kept secure. By signing this form, the patient consents to being informed through phone, text, email, or patient portal. It is also the patient's responsibility to update his/her or their contact and demographic information such as a phone number, email address, mailing address, and emergency contact information. The clinics are not responsible for health or billing information being sent to the wrong phone number, email, or mailing address if patients do not inform the clinic of a change in any one of them.

Protected health information that is required by the patient to be sent to a third party (i.e law office, employer) are allowed as long as the patient signs a consent form to release protected health information giving the clinic permission to do so. Forms that are required to be completed by office staff or healthcare providers incur a charge between \$25-\$175.

Our clinics' staffs and providers are striving to perform a high quality care to our patients and that would be only possible if they would be treated with respect and dignity. We have a zero tolerance for misbehaving and misconduct. Patient's not complying with this regulation will be discharged from our clinics without any warning.

Due to the current COVID-19 pandemic, we will be limiting the number of individuals who can be present in the room with the patient and the provider to adhere to social distancing guidelines for the safety of staff members and providers. If friends or family members, who have patient consent to be present while the patient is with the provider, wish to be present in the room, we will use virtual options that will allow other individuals to be present in the room with the physician and patient such as Facetime or Google Duo.

By signing the accompanying form, you are stating that you agree with these policies and will adhere to them to the best of your ability

Patient Name: Trash Bin