

Cochise Health and Wellness, PLC

Welcome



We provide individualized care that addresses the whole person, not just the symptom or the condition. Our mission is to provide the most comprehensive and effective health care in order to assist you achieve your desired health and wellness. We treat both acute and chronic illness but more importantly we look forward to providing you Preventative and Health Promotion services. If you have specific questions or concerns, please let your provider team know at the start of your visit, so they may be addressed immediately.

This document contains important information about professional services and business practices. Please read it carefully and ask any questions you have about the information. We thank you for your patronage. It is our privilege to serve you and your health care needs. Our policies are established to allow your health care needs to be addressed in a direct, efficient, and caring manner.

We will be happy to schedule appointments during regular office hours, please call 520-226-8316. You may also schedule on line through the Patient Portal at any time.

Arriving Late to Your Appointment

As we routinely schedule 30-45minutes for your visit, not patients every 5-10 minutes like typical medical offices. We intend to address as many issues as possible *during a single visit*; the **time allotted is based on the reason given for scheduling; if additional issues need attention, a next-day appointment may be possible.** Since we can see a limited number of patients per day and devote the time needed to address your health concerns in depth and to address the “whole” you, we simply **cannot extend your visit if you arrive late**, as it will interfere with another patient’s scheduled appointment. Please allow yourself ample time in order to arrive 15 minutes prior to the scheduled start time. Otherwise, the amount of time spent face-to-face may be less than optimal. Of course, if there is a true emergency everyone at Cochise Health and Wellness will make every attempt to accommodate our patients and their care. Failure to keep an appointment without providing notice **prior** to your appointment may result in a \$25.00 administrative fee. Multiple no-show / no-contact incidents may result in termination of care.

After Hours

If you have experience an urgent concern after regular business hours and feel it cannot safely wait until the office reopens, you can leave your provider team a message via the after-hours menu at 520-226-8316. Likewise, you can submit your concern thru the Patient Portal. However, here a few guidelines:

- **Call 911 immediately** for chest pain, difficulty breathing, changes in level of consciousness, stroke symptoms (slurred speech) or other emergencies.
- If you have a minor illness you feel cannot wait until the office reopens, you may go to an urgent care center (verify your insurance benefits in advance so you are prepared).
- Telephone consultation fees will be charged for new concerns / problems; some concerns cannot be adequately addressed only by phone.
- Medication refills after hours or on weekends should go through your pharmacist who will contact us.
- No controlled substances will be called to pharmacies on weekends or after hours.
- Messages left may take up to 48 hours, or two business days, to be addressed.

Fee Schedule

We accept cash, Visa or MasterCard for all fees and services. Fees are based on the complexity of the case, time spent with the provider / provider team, and other factors. Fees are expected at time of service(s). For those with insurance that we participate (contracted with) this means that you must pay your co-pay at your visit, any

coinsurance amount, and/or any amount applied to your deductible. **There are additional charges for injections, in-office tests, and some procedures; costs can be provided.** Some services provided may be covered under the out-of-network portion of your benefit plan if the service is a normally covered service under your benefit plan. We remind you that every person's insurance policy is individual with varying deductibles, co-pays, and coverage's. We can assist you in contacting your benefits representative. However, **the decision to receive any service, covered or not, as well as the responsibility for any uncovered fees, is yours.**

OFFICE VISIT (Self Pay) *Note: all amounts reflect a discounted payment at time of service.*

New Patient Visit (approximately 50 minutes) \$ 75 - 200, depending on complexity

EST-Comprehensive (approximately 35 minutes) \$ 100

EST-Extended (approximately 25 minutes) \$ 80

EST-Brief (approximately 10-15 minutes) \$ 60

OTHER FEES:

Completing simple (one page) paperwork without appointment \$10.00

Completing complex paperwork (disability, FMLA, etc.) \$20.00 – 35.00

Telephone consultation for new concerns or after hours \$ 25.00

(No charge for calls related to or concerning a problem for which you were recently seen)

Missed Appointment \$25.00

Billing fee/late payment fee \$10.00

In order to be paid fairly for services rendered, insurance companies *require* a 3-step process:

1. Patient is seen and at time of service pays a co-pay and/or co-insurance amount
2. Claim for remainder of provider fee is submitted to insurance company
3. Statement is sent to provider with payment from insurance company

If the process works perfectly, our office knows what to collect at the time of your appointment and the remaining balance is paid by the insurance within 30-45 days of submitting the bill. Sometimes, the process is slow and filled with seemingly unexplainable delays and denials. As a small business, we cannot survive without getting paid fairly or quickly for amounts owed. In order to participate in the insurance billing process we have developed some guidelines:

- According to our contract with the insurance company and the terms of your policy, we are **required** to collect your co-pay and/or co-insurance **at the time of service**
- If you have not met your deductible, you may be responsible for paying the full allowed charges at the time of service
- We will submit claim to your insurance company. **If the remaining balance is denied for any reason, YOU are responsible for paying it promptly. This may include the services being determined to be not covered, not medically necessary, you not being a covered individual, or other reasons.**

Patient Acknowledgement

I acknowledge that I have read and fully understand the Office Policy and General Fee Schedule.

Patient Name: _____ Signature: _____ Date: _____

I further understand that Cochise Health and Wellness, PLC will bill me for any balance of allowable charges due after my claim is processed by insurance company (deductible, coinsurance, non-covered services). I agree to pay the full balance owed within 10 days of receiving the bill. I understand that there will be a \$10/month late fee charged to my account if I fail to pay on time. I understand that if the bill is not paid within 90 days, my account may be sent to collections and I may be terminated from the practice.

Signature _____

Date _____