PCP designation

* To provide consistent and the most up to date medical care, ALL patients will be assigned to one provider to manage their care. Patients must see their provider for refills and physicals unless the provider is unavailable.
* Sick visits will be made with any available provider, starting with your assigned provider.

I hereby acknowledge and accept the above policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature (Patient/Parent/Legal Guardian) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Relationship to Patient

Same Day Appointment Policy

A limited amount of same day appointments are available at a first come basis. These slots are reserved for sick or acute visits. Only one problem will be addressed at a same day appointment.

I hereby acknowledge and accept the above policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature (Patient/Parent/Legal Guardian) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Relationship to Patient

FMLA and Paperwork Policy

FMLA paperwork must be completed by the evaluating physician.

Paperwork will be completed after clinic hours. Please allow **at least** 48 to 72 hours.

FMLA paperwork will not be faxed. Delivery of the paperwork to the company is the responsibility of the patient.

There will be a $30 charge to complete FMLA paperwork and $10 for other paperwork including parking decals etc.

I hereby acknowledge and accept the above policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature (Patient/Parent/Legal Guardian) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Relationship to Patient

Work Excuse Policy

Work excuses will be provided in clinic for the day missed for the appointment and any future dates approved by the physician for the duration of the disease/problem.

Work excuses will not be back dated.

Work excuses will not be provided if patient is not evaluated.

Work excuses will not be provided over the phone.

I hereby acknowledge and accept the above policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature (Patient/Parent/Legal Guardian) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Relationship to Patient

No Show Policy

HEALTHSTAR PHYSICIANS- FAMILY PRACTICE is committed to providing access and appointment availability to all of our patients in a manner that fits your needs and availability. In order to maintain this access, we currently strive to confirm appointments with everyone who has scheduled an appointment more than 24 hours in advance of that date and time.

If you will not be able to make your scheduled appointment, please contact the office as soon as possible to cancel or re-schedule your appointment. Missed appointments reduce access and increase costs for all of our patients by forcing other patients to seek costlier care options at urgent care centers and emergency departments.

HEALTH STAR PHYSICIANS- FAMILY PRACTICE Reserves the right to DISMISS patients based upon 3 or more no show appointments.

I hereby acknowledge and accept the above policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature (Patient/Parent/Legal Guardian) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Relationship to Patient

Late Arrival Policy

Our providers do their best to keep appointments on schedule. Out of respect for patients who have arrived on time for their appointment, you may be asked to reschedule your appointment if you arrive later than your scheduled appointment time. We will make every effort to honor your appointment as a “work in” as the schedule allows upon arrival, but there may be times when this will not be possible and you will have to reschedule.

If you are running late, please contact the office as soon as you become aware that you will not be on time. All patients are instructed to arrive 15 minutes prior to their scheduled appointment time to allow our staff the time to update your information.

New patients are instructed to arrive 30 minutes prior to their scheduled appointment to complete any new patient paperwork in the office and to have their insurance updated. New patients that fail to show for their appointment will be counted as a NO SHOW. If the patient fails to show for a second time, then they will not be able to establish care.

**If you are 1-10 minutes late-** you will be checked in, but may have to wait to be seen after the next appointment slot.

**If you are 10-15 minutes late-** your appointment will be changed to a work in appointment. Patients who have arrived on time will be seen first.

**If you are more then 15 minutes late**- You will be asked to reschedule out of respect for other patients appointment times. You will also be considered a no show Please see the no show appointment policy.

I hereby acknowledge and accept the above policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature (Patient/Parent/Legal Guardian) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Relationship to Patient

MEDICATION REFILL POLICY

* All prescriptions require a follow up appointment every 3 to 6 months unless otherwise instructed. If it has been longer than the indicated time since your last visit, then refills will be limited. Repeated no shows or cancellations will result in a denial of refills.
* It is your responsibility to notify the office in a timely manner when refills are necessary. Approval of your refill may take up to **3 BUSINESS DAYS** so please be courteous and do not repeatedly call. The more calls received creates more task and slows the process.
* If you use a mail order pharmacy, please contact us fourteen (14) days before your medication is due to run out.
* Medication refills will only be addressed during regular office hours. The physician on call will not return any phone calls regarding refills. Please notify your provider on the next business day if you find yourself out of medication after hours. No prescriptions will be refilled on Saturday, Sunday or Holidays.
* Refills can only be authorized on medication prescribed by providers from our office.
* Some medications require prior authorization. The providers and pharmacies are familiar with this process and will handle the prior authorization as quickly as possible. Neither the pharmacy nor the provider can guarantee that your insurance company will approve the medication. Please check with your pharmacy or your insurance company for updates.
* If you have any questions regarding medications please discuss these during your appointment.
* New symptoms or events require a clinic appointment. Your provider will not diagnose or treat over the phone.
* CONTROLLED MEDICATIONS CANNOT BE FILLED OVER THE PHONE. THEY REQUIRE AN OFFICE VISIT BY FEDERAL LAW.

I hereby acknowledge and accept the above policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature (Patient/Parent/Legal Guardian) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Relationship to Patient

Injection Policy

All injections require a script from a provider. A script must be presented to the nurse prior to injection administration. If no script is presented then an injection will not be given.

Allergy shots:

* Please bring in instructions and log from the prescribing allergist or ENT doctor
* Epi pen must be brought into the clinic and visualized by the nurse prior to injection
* Due to the risk of having an adverse reaction, you will be required to sit in clinic for 20 minutes following an injection
* No injections will be given after 4pm

Testosterone Shots:

* Testosterone is a controlled medication
* A script or scheduled appointments at appropriate dates will be necessary (nurse visit only)
* Must have labs every 3-6 months or injections will not be provided. If managed by another provider, then please bring in an order and a copy of your lab work.
* B12 shots:

Injections need a script

I hereby acknowledge and accept the above policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature (Patient/Parent/Legal Guardian) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Relationship to Patient

Generalized Controlled Substance Policy

The purpose of this agreement is to create an understanding regarding controlled substances. Controlled medications are regulated by states and the Federal government. The laws regarding these medications are frequently changed to help reduce the prescribing rate.

Every day 115 people die from overdosing on opioid pain medications. In 2017, more then 72,000 Americans died from drug overdose. Due to this growing number, these medications have strict regulations.

Healthstar Physicians goals is to treat you safely with these potent medications if indicated but also prevent overdose, abuse or addiction. Every case will be evaluated individually and discussed with the patient.

Some of the most common Controlled Medications are listed below:

1. Opiod pain meds (hydrocodone, oxycodone, morphine, etc..)
2. Benzodiazepines (alprazolam (xanax), lorazepam (ativan), clonazepam (Klonopin), Diazepam, etc..)
3. Sleep Aids (Ambien, belsomra, lorazepam, Lunesta, etc..)
4. Testosterone
5. GI meds (Lomatil and Viberzi)
6. Muscle relaxers (SOMA)
7. GABA pain medications (Lyrica and Gabapentin)

Controlled Medication Laws and Regulations:

* Opioids for acute pain- Patients will only get 3 days of medication if indicated. contract must be signed to initiate a trial of pain meds
* If pain meds are warranted for chronic pain then a pain contract, UDS (urine drug screen) and review of the CSMD (Controlled Substance Monitoring Database) will be required
* Patients may be called in for random drug screens and pill counts

Please do not come into the clinic asking for controlled medications. These will be prescribed only if found warranted by the physician.

I hereby acknowledge and accept the above policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature (Patient/Parent/Legal Guardian) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Relationship to Patient