

Patient Information

Services to expect: *Fort Worth Medical Specialists* is a clinic that provides Internal Medicine care to patients ages 18 and over. Our vision is: "We help families live happier and healthier lives by focusing on prevention, consistency, and attention to patient needs: whether from the office or the hospital." Our philosophy is: "To provide dependable and compassionate care." Visit our website: fwmedicalspecialists.com for more information.

Each Visit: We send email a day prior as a courtesy reminder, but this may not happen every time. Therefore, it is important that you write down your appointment time and date on your calendar. Please bring a complete list of your medications, even ones over-the-counter, or bring your medications with you, and a glucose log if you are diabetic, also bring your INS card.

After Business Hours: Are to be used only for **emergencies**. Otherwise, phone calls may be charged a **\$25 fee** depending on the service.

Appointment Frequency:

- **Yearly for well exam if you are on any medications.**
- **Twice a year if you have high blood pressure and high cholesterol or triglycerides.**
- **Every four months if you have diabetes (unless you are going to an endocrinologist who manages your diabetes and prescriptions.)**
- **Every three months if you are on any controlled drug: benzodiazepines such as Xanax or Valium, ADHD medicine, diet pills, sleeping pills, and pain pills such as Vicodin or hydrocodone.**
- **If you are written a schedule II drug, you must call the office 3-7 business days before you run out to get a refill.**
- **Nurse visits cannot be substituted for a doctor visit (ie. Blood pressure check, INR test)**

Lab Results: We receive lab results usually in 7-14 days. We try our best to call each patient regarding their results. If we have not called you, usually all results are normal. We offer in house lab draws through Clinical Pathology Laboratories, however we also order labs with Quest Diagnostics or LabCorp.

Medication refills: We prescribe electronically now. When refills are due, it is usually because it is time for your appointment. Please ask for refills during your scheduled appointment instead of calling. Our office policy for medication refills is for patients to **contact their pharmacy first**. They will send a request for the refill electronically via e-prescribe. If directed by the pharmacy to contact our office, we prefer patients to call during regular business hours. Please allow 72 hours to process refills. We prefer not to prescribe medications after hours or weekends because often we do not have a chart in front of us to review and sometimes there will be an on-call physician who is not familiar with you. Medication refills after business hours may be charged a **\$25 fee**.

Samples: They are not meant to provide maintenance medicines for long periods of time. They are used to let the patient try the drug before purchasing it. If you cannot afford your prescription medications, some pharmaceutical companies provide coupons or assistance programs. We can also help find an alternate, less-expensive substitute, if available.

Please Sign _____

Referrals: It is your responsibility to know if your insurance requires a referral to see another physician, obtain MRI, CT, etc. If a referral is required, it can take up to a week to obtain the authorization or to make an appointment. **Before we can do the referral you must see the Dr, if we haven't seen you for this issue.**

Billing procedures: Always bring a current copy of your insurance card each visit. We work with an external billing company named StratiFi Health. If you have questions about your bill, you will be directed to StratiFi Health. For co-pays, we will accept payments in the form of cash, check, or credit card (Visa, MasterCard, American Express, and Discover). Co-pays and past-due bills should be paid at the time of service. We take cash paying patients on case-by-case basis.

Procedures for resolution of any problems: If you have an issue with any process of our clinic, please send us a letter describing the problem, and we will handle it in a timely manner. **Unprofessional behavior such as threats, cursing or yelling towards our staff is not tolerated and may result in discontinuing our services to you.**

Policy for no-call, no-shows: *Requires 24 hours notification.* If there are more than 3 occurrences in 12 months, we may have to discontinue our services to you. You will receive a warning for every no-call, no-show or failure of 24 hours notification. **First one is a warning, two no-call, no-shows or failure to provide 24 hours notification, we will require \$25 payable. Third no-show will be 50.00 payable,** before we can schedule another appointment. **The fourth no show will be an automatic discharge from our practice.**

FOR NEW PATIENT: After two consecutive no shows or reschedules, you will no longer be able to establish care at the office unless approved by the providers. We have the right to review this policy at our discretion, but know the office makes the final decision based on the circumstances.

Pain Management/Controlled Medication Agreement: We have a pain management/controlled medication agreement that you must sign before initiating treatment. **You may be asked to do a random urine drug screen at any time during treatment.**

Hospitalization: If you are hospitalized at Harris Downtown FW or Plaza Medical Center, notify the ER staff that your physician is Dr. Gregory J. Phillips or Dr Robert Keller and the doctor will follow you while hospitalized.

FMLA/Disability/Paperwork: any paperwork that needs to be filled out; it will take one to two weeks to get these done. Please don't wait the last minute to turn these in and sometimes an appt will be needed to do this.

Assignment-of-benefits Statement:

I hereby assign the benefits from any insurance or third party to Fort Worth Medical Specialists for medical services provided to me. I understand that Fort Worth Medical Specialists has the right to decline or accept assignment of such benefits. If these benefits are not assigned to Fort Worth Medical Specialists, I agree to forward to the practice, upon receipt, any insurance or third-party payments I receive for services rendered to me.

Name _____

Signature _____ Date _____