**Aimee Nguyen, M.D.**

**North Dallas Urogynecology**

**GENERAL OFFICE POLICIES:**

Appointments: Patients are seen by appointment only. We try our best to run on time. Therefore, if you are more than 15 minutes late, it is up to the discretion of the doctor whether we will be able to see you at your time slot. You may be asked to reschedule.

We call one to two days in advance for appointment reminders. This allows us to see all the patients who have requested appointment times that day. Thus, we do request that you cancel your appointment 24 hours in advance, or you may be billed $25.

Office Hours: Our office hours are 8:30 A.M. to 4:30 P.M. Monday through Friday, and we are closed from noon to 1pm for lunch. Dr. Nguyen or a covering physician is available 24 hours a day for urgent situations.

**FINANCIAL POLICIES:**

Insurance Cards: You will be asked to present your insurance card at every visit. Although this might be inconvenient, it is necessary. Insurance plans and ID numbers are changing in order to keep social security numbers off the ID card.

Benefits: Insurance benefits can be very confusing. Each company has many different types of policies. Our office will try to help you as best we can. However, ultimately, it is your responsibility to know your benefits, including limitations and exclusions, as you are responsible for payment. If you have any questions regarding any of this, including covered services, deductibles, maximum benefits, please contact the insurance administrator of your employer or your insurance company.

New Insurance: If you have new insurance, please let us know at the time you schedule an appointment in order that we can verify benefits prior to your appointment. If we are unable to verify, you will be responsible for the total allowable charges. When your insurance company does pay, we will refund your overpayment.

Co-Pay: All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please be aware that your insurance company may require a second co-pay if you address multiple problems during a physical exam or at the same time you have a procedure scheduled.

HMO/POS: You are required to be directed/referred by your Primary Care Physician (PCP) that you have selected or been assigned to by your insurance company before your appointment with Dr. Nguyen. If you have not done this, your insurance will not pay for your visit and you would be responsible for payment in full.

Insurance payments: We will sometimes ask your assistance to get the insurance company to pay the submitted charges. If they request some information from you, it is extremely important that you get them the information they request in a prompt manner. Always keep a copy of what you send them, along with the person’s name to send it to. Please follow up with that person within 24 hours to verify that they have received the information you sent and will be processing your claims. Ultimately, it is your responsibility for payment of the services provided.

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Responsible Party: The patient being a child or minor, the parent or guardian bringing the child to the appointment is responsible for all co-payments, co-insurances, and outstanding balances. We will provide a receipt of payment in order that retrieval for payment can be refunded to the paying parent.

Self Pay: Payment is required in full at the time of service.

**TREATMENT:**

Your treatment will be based on medical necessity. Some procedures and labs may not be covered under your particular plan. It is not our responsibility to verify that everything is covered before treatment is provided.

Medication: We prescribe the medication that we feel is best suited to your condition. If this medication is not covered, or has a very high co-pay, we would need to be provided with alternatives that are financially acceptable to you.

Refills: Please plan ahead for your prescription refills. If your prescription says no refills, please call your pharmacy. They will process an electronic or fax request to us. We need at least 24 hours notice to process the authorization.

**MEDICAL RECORDS AND FORMS:**

Our office follows the rules set forth by the Texas Medical Board when preparing and furnishing medical records. A $25.00 charge for the first twenty pages and $.50 per page for every copy thereafter is what they consider to be a reasonable fee. This fee includes the cost of copying and postage. Payment must be made prior to the release of the records. We ask that you allow 15 business days to process this from the date of the written request.

Copies of diagnostic tests or immunization records only will be provided at no charge with 48 hours notice. If you require a form or a letter to be completed by the physician (other than excuse notes), a 48 hours notice is required. There will be a $25.00 charge for this service.

Thank you for choosing Dr. Aimee Nguyen, M.D. Please let the receptionist know if you would like a copy of this for your records.

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Patient Name (please print)

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Patient/Legal Guardian Signature Date

**PATIENT TESTIMONIAL CONSENT**

By signing below, you are consenting to Dr. Aimee Nguyen’s use and disclosure of the information in your testimonial and acknowledgement that the testimonial and acknowledgement that the testimonial may be used, all or in part, in our advertising, publications, website, ect. both now and in the future.

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Patient Name (please print)

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Patient/Legal Guardian Signature Date

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**HIPAA Disclosure**

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information. Protected Health Information (PHI) may originate in your medical record at North Dallas Urogynecology or may be received from outside health entities and filed in your medical record. I understand that this information can and will be used by North Dallas Urogynecology to (a) Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in the treatment directly and indirectly (b) Obtain payment from third-party payers (c) Conduct normal healthcare operations such as quality assessments and physician certifications

I have been informed by you of your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may obtain a current copy of the Notice of Privacy Practices from my local office or by contacting the Privacy Officer at 3140 Legacy Drive, Suite 210 Frisco, TX 75035. I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions. I understand that I may revoke this consent in writing at any time, except to the extent that you have taken action relying on this consent.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_