



Welcome To Our Practice

Thank you for choosing us as your primary care provider. As a new patient to Dr. Rochelle Collins, we would like to welcome you and provide you with valuable information that will enable you to have a smooth transition into our practice.

Please read this office/payment policy, ask questions, and sign in the space provided. A copy will be provided to you upon request.

1. **Insurance:** We participate in most insurance plans. Please check with your policy carrier to find out if we are considered in your plan's network. If a plan insures you that we participate with, but do not have an up to date insurance card, payment in full is required until we can verify your insurance coverage. Knowing your insurance benefits is your responsibility. Many insurance policies have high deductible plans. If you have a deductible plan, you will be responsible for payment at the time of your office visit in accordance with your insurance agreement until you have met that deductible. Please contact your insurance company with any questions you may have regarding your coverage.
2. **Proof of Insurance:** Due to the increasing problem with insurance fraud, we must obtain a copy of your driver's license or photo identification and a valid proof of insurance coverage. If you fail to provide us with the correct information in a timely manner you may be responsible for the balance of the claim.
3. **Coverage Changes:** If your insurance plan changes, please notify us so we can make appropriate updates to your account. If information is not updated in 30 days the balance will automatically be billed to you, the patient.
4. **Co-payments:** All co-payments and deductibles are due at the time of your visit. We reserve the right to reschedule any appointment if the patient is not prepared to handle their financial obligations at the time of their visit.
5. **Non-Covered Services:** Please be aware that some and perhaps all the services you receive may be a non-covered or not considered reasonable or necessary by Medicare or other insurers.
6. **Claims Submission:** We will submit your claims and assist you in any way we reasonably can to help you get your claims paid. Your insurance company may need for you to supply certain information directly to them. It is your responsibility to comply with their requests in a timely manner. Please be aware that the balance of your claim is your responsibility. Your insurance benefit is a contract between you and your insurance carrier. We are not a party of that contract.
7. **Referrals:** Your insurance carrier may require you to obtain a specialist referral or prior authorization before a procedure or seeing the specialist. Please notify the office 3 days prior to your appointment or exam.
8. **Appointments:** Our goal is to provide excellent care, and be mindful of your time; therefore, we ask that you kindly come in to the office 10 minutes prior to your appointment. This enables our



front office staff to review your information and check you in on time. We reserve the right to reschedule your appointment if you are more than 10 minutes late.

9. **Physical Examinations:** Physical examinations are considered preventative evaluations of your personal health. These are basic exams with an EKG if you are over 40 or under 40 with cardiovascular symptoms. This exam also includes an eye exam if you do not have an eye doctor, urinalysis to check for blood, sugar and protein, as well as recommendations on how to prevent medical problems in the future. If you have any other complaints over and above a basic exam (for example a cough or rash), if any medical issues that need to be addressed are found at the time of your exam, and/or you have chronic medical conditions that are addressed at your physical (medication refills, etc.), then your insurance will be billed for an office visit as well on the same day. This will result in a co-payment at the time of your physical exam.
10. **Missed Appointments:** Our policy is to charge for missed appointments that are not cancelled within 24 hours of the appointment time. A fee of \$50.00 will be charged for a missed office visit and \$50.00 will be charged for a missed physical appointment. These charges will be billed directly to you, the patient. Please help us to serve you better by keeping your regularly scheduled appointment.
11. **After Hours Care:** If you have an urgent issue after hours that cannot wait until the next business day you can reach Dr. Collins or the covering physicians by calling the office directly and speaking to the answering service team. Dr. Collins is a part of a five-physician team on weekends and Holidays.
12. **Prescription Renewal:** Please contact your pharmacy for any medication refills. The pharmacy will send us an electronic request. Please allow 24-48 hours for the request to be completed. The pharmacy should be contacted when you have about a week worth of medication remaining. If you have not had an appointment with Dr. Collins within 6 (six) months or less, depending on medication, you will be asked to schedule an appointment for medication refills.
13. **Medical Forms:** There will be a charge for completion of **all** medical forms. The fee schedule is as follows:
 - ☐ 1 page results a \$5.00 charge
 - ☐ 2 or more pages results in a \$10.00 charge
14. **Billing:** Although Dr. Collins is here to help you attain your best health, LivingWell Primary Care is a functioning business. You will be made aware of any balances at the time of your visit and are expected to pay or set up a payment plan before being seen. If you have not taken care of your balance after 3 billing cycles (90 days), or have planned for a payment plan, you will be discharged from LivingWell Primary Care. For any billing inquiries, please contact our Billing Manager, Roxanne Langford.



LivingWell Primary Care takes the concerns of our patients seriously. If at any time you have any concerns or issues that are administrative or clinically related, please contact our office in writing to:

LivingWell Primary Care
701 Cottage Grove Rd. Ste. F-120
Bloomfield, CT 06002

Our practice is committed to providing the best medical care to our patients. Thank you for understanding our office and payment policies. Please let us know if you have any further questions.

I have read, understand, and agree to the office and payment policy terms.

X _____ X _____

Printed Name

Signature of Patient or Responsible Party

Reviewed: _____