OASIS FAMILY MEDICINE INC.

Office Policies

Scheduling Appointments

Please call our office at (818) 957-6909

Office Hours

Monday – Friday, 8:00am – 12:00pm, 2:00pm – 5:00pm

Late or Missed Appointments

From time to time, unforeseen circumstances may arise which prevent you from arriving on time for your appointment. In fairness to others, our policy is to accommodate patients who are on time for their appointments. Latecomers will be seen at the first available opportunity. If you are more than 10 minutes late, you may be asked to reschedule. This enables us to stay on time.

We know that your schedule is busy and that your time is valuable. We make every effort to respect your time and keep on schedule. Please notify us of appointment changes or cancellations at least 24 hours in advance of your scheduled appointment or you will be subject to a $75 non-cancellation fee.

Telephone Calls

During normal business hours our office staff will answer your call. However, if we are busy with another patient or have stepped out of the office, your call may go to voicemail. Please leave a message with your full name, phone number, and the purpose of your call. We return calls as soon as we are able to, usually the same day.

If you call outside of normal business hours, please ONLY leave a message for an urgent medical matter that cannot wait until the next day as ALL messages are forwarded to the doctor's cell phone. Please DO NOT leave a message for any other reason than an urgent medical matter outside of normal business hours. If your call is regarding an urgent matter, the doctor will call you back as soon as he is able to.

In case of a life-threatening emergency, you should always call 911 or go to the nearest emergency room.

Prescription Refills

Patients should first contact the pharmacy for refills of prescriptions taken on a regular basis. The pharmacy will either fill the prescription or contact our office to request an authorization. If our office has not seen you within the past six months, you may be asked to schedule an appointment in order to obtain a medication refill. Similarly, prescription refills for medications that you do not take regularly typically require an office visit. To prescribe or refill an antibiotic, an in-person evaluation is necessary.

Our policy is to not prescribe new medications over the telephone. For medicolegal reasons, we are required to evaluate you prior to writing a new prescription.

Extended Absence

There are times when the doctor(s) attend(s) medical conferences and takes vacations. In such cases we will notify you in advance via e-mail. Should you experience an urgent matter during the doctor's absence from the office, a qualified covering physician will assist you. Alternatively, you may visit a nearby urgent care facility. For all emergency situations, you should always call 911 or go to the nearest emergency room.

Insurance Coverage

Insurance information will be updated annually. Please present your insurance card at each appointment. A photo ID (Driver's License) is required at your first visit and a ***picture will be taken***. If our office is unable to verify your insurance eligibility, you will be required to pay for your visit at that time.

You are responsible for paying all co-pays at the time of service. Insurance companies stipulate that we cannot waive co-pays, co-insurance, deductibles or payments for non-covered services. Failure to pay your portion of services rendered will be reported to your insurance company.

It is your responsibility to know the details of your insurance coverage and to notify us of any changes to your policy.

Methods of Payment

We accept cash, personal checks, flexible spending account cards, debit cards and most major credit cards.

We offer a Credit Card Authorization form to keep on file for patient convenience. This gives us permission to keep your credit card on file and automatically bill your credit card for any balance due on your account, after insurance has been billed and you are responsible for any co-insurance and/or deductible. When appropriate, this account will also be used to pay for missed appointments, returned checks, form-completion fees, telephone consults or e-visits. The information is securely stored with an insured credit card service. When we charge your credit card, you will receive a receipt by the e-mail provided.

Invoices that are not paid within 60 days will be turned over to internal collections. Invoices not paid within 120 days are subject to patient dismissal, submission to a collections agency and notification to your insurance company.

Additional Fees

- Returned Checks: If your check is returned to us for any reason, you will be charged $30 in addition to any bank charges incurred.

- Missed Appointments: If you fail to notify us at least 24 business hours in advance that you will not be able to make your appointment, we may charge you $75. Please be courteous and responsible regarding missed appointments.

- Completion of Forms: There will be a $20 charge in addition to your office visit charge for filling out forms such as Disability Insurance Forms, Travel Forms, Release from Work, Prior Authorizations, and other third party forms more than 3 pages.

- Records: We will provide to you, upon written request, an electronic or paper copy of your medical record. There will be a $50 charge to provide the record to you, your insurance company, or another provider to whom we have not referred you for treatment.

Confidentiality and Its Limits

Our discussions are strictly confidential and will not be shared with anyone without your express written permission. There are, however, certain exceptions that you should know about:

- We are required to report suspected cases of child abuse to the police and to the Child Protective Services Division of the Department of Public Social Services.

- We must report spousal abuse and elder abuse to the police.

- We may need to contact public safety officers if we believe that a patient may be in imminent danger of harming themselves or others.

- We are obligated to attempt to warn and protect intended victims if we have reason to believe a patient is likely to inflict bodily harm on someone else.

- We may be ordered by a court of law to testify or to release medical records.

Confidentiality with Adolescent Minors

Parents are often understandably curious and concerned about the treatment of their children. It is our position that young people need to develop trust in their doctor and need some degree of security and privacy to do so. We encourage teenagers to share information about their health with their parents or guardians. However, there will be some issues that your child would rather talk about with a doctor, nurse, or counselor. California law allows teenagers to receive some health care services on their own. Health care providers have to keep those services confidential. Permission from an adolescent minor is required before information can be released to their guardians. This includes:

- The prevention or treatment of pregnancy or sexually transmitted diseases (STDs) and other contagious diseases

- The diagnosis and treatment of sexual and physical abuse

- Care and counseling for drug or alcohol problems

Anti-discrimination policy

We are a health care provider that does not discriminate against any person on the basis of age, gender, race, color, national origin, disability, religion, or sexual orientation.

Patient Dismissal

While we make every effort to work with you, sometimes it is best for all parties involved to part company. If you are dismissed from the practice, you will be allowed a 30-day grace period for urgent treatment in our office. After that time, you will be required to seek the services of another physician at another office. Reasons for dismissal may include: failure to keep appointments, noncompliance, abuse of staff, and non-payment.

SIGNED BY: for each participating patient over the age of 18, a signature is required below

_____	_____
Signature of Patient/Legal Guardian/Legal Representative	Date
_____	_____
Print Patient's Name	Patient's Date of Birth
_____	_____
Print Name of Legal Guardian	Relationship to Patient

This notice was first published and became effective on September 15,2011.
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