



Welcome To Franklin Surgical Associates

To help ensure the highest quality of service and care to our patients we would like to inform you of our policies and procedures. If you have any questions or concerns, please address them with our staff prior to your office visit.

We require that you bring the following to your visit:

Insurance Card(s)

Photo Identification or Valid Driver's License

Co-Pay/Deductible for insurance patients and full payment for self-pay (cash, check or VISA/Mastercard)

Insurance Referral from your Primary Care Physician (if required by your insurance company)

Current Medication List to Include RX Name, dosage and frequency taken

Please be aware that **Franklin Surgical Associates** has the right to cancel or reschedule your appointment if you fail to bring the required items.

Patient Information: A complete patient registration will be kept on file and will be updated by the patient every six months. It is the responsibility of the patient to inform our office of any demographic and/or insurance changes that occur prior to or after the required update period(s). A signature of the responsible party will also be required.

Insurance Cards: Patients are required to bring current insurance card(s) to each visit. If current insurance information is not provided, the patient will be expected to pay at the time services are rendered.

Photo Identification: A photo identification card or valid driver's license is required at each visit. In order to protect the identity of our patients, we are now required by law to obtain this information. If proper identification is not presented at the time of visit, Franklin Surgical Associates reserves the right to cancel or reschedule the appointment.

Co-Pays: Co-pays are expected at the time of visit unless arrangements have been made with our office in advance. Co-pays may be paid by cash, check or VISA/Mastercard. We do **not** accept Discover Card or American Express.

Deductibles: Deductibles indicated by the patients insurance carrier will be collected prior to surgical procedures.

NSF Checks: A fee of \$20.00 will be charged to the patient's account for any returned checks due to non-sufficient funds.

Authorizations/Referrals: Authorizations and referrals are an agreement between the patient and their insurance carrier. If an insurance authorization/referral is not received prior to the patient's appointment time, Franklin Surgical Associates reserves the right to cancel or reschedule an appointment. A cancellation fee may apply.

Legal Guardians: All minors are required to have a Parent or Guardian present with them at each visit unless arrangements in advance have been made with our office.

Appointments: Patients are required to be on time for their scheduled appointments. Patient's arriving more than 15 minutes late may be asked to reschedule. Our office requires a 24 hour cancellation notice for patients who are unable to keep their scheduled appointment. If a 24 hour cancellation notice is not provided, a \$20.00 non-refundable, pre-payment for future appointments may be requested.

Self-Pay Patients: Payment in full at the time of service is expected for patients with no insurance coverage. If payment in full at the time of service is not financially feasible, financial arrangements must be made **prior** to scheduling an office appointment or surgical procedure.

You may contact our office at **317/736-7603** option **4** to discuss financial arrangements.

Past Due Accounts: Payment is due upon receipt of a billing statement. Non-compliance may result in preparation of the account for collections, small claims court and/or credit bureau reporting and possible dismissal from our practice. In the event an account is sent for collection proceedings, the responsible party of the account will be responsible for all collection costs.

Medical Records: Upon written request, we will be happy to provide copies of a patient's medical record to any personal physicians; however, we do require a signature in order to do so. We do request a 48 hour notice for our office to prepare the copies. A fee will be charged for records requests received by entities other than personal physicians.

Disability/FMLA Forms: We are happy to complete any disability or FMLA forms for a fee of \$20.00 per form. Fees must be paid prior to completion of the forms. The patient portion of the form(s) must be completed prior to us completing the physician portion.

Prescriptions: Prescription refills will **NOT** be authorized after hours. Prescription refills must be authorized by the physician and may take up to 24 working hours to obtain. Prescription refills will only be authorized during normal business hours which are Monday-Friday 8:30am- 4:30pm.

Effective 9-1-2014: A new law states prescription pain medication can no longer be called in to pharmacies. It must be on a written prescription pad and picked up in person by the patient during normal office hours. A photo ID will be required in order to pick up your pain medication prescription.

I have read and understand this policy. I agree and understand that such terms may be amended by our office at any time. I understand I have the right to request a copy of your office policy at any time.

(Patient Name- PLEASE PRINT)

(Signature of patient or guardian)

(Date)