

**Himanshu P. Parikh M.D., P.C.**

**Internal Medicine**

**Cary Office**

Monday 8AM – 4PM

Tuesday 8AM – 4PM

Wednesday 8AM – 4PM

Thursday 1:30 – 4PM

Friday 8AM – 4PM

Closed for lunch 12:30PM – 1:30PM

**Brier Creek Office**

Thursday 8AM – 12:30

**Patient Policies**

We would like to take a moment to personally welcome you to our practice. We are pleased that you have chosen Dr. Parikh as your primary care provider. It is our responsibility to deliver the best health care possible.

**Appointments:** Our office makes scheduled appointments for all visits. Walk-in or work-in appointments will be accommodated according to the doctor's schedule. Patients are seen by appointment time, not arrival time. It is our office policy to charge \$25.00 for missed, cancelled, or rescheduled appointments without a 24-hour cancellation notice. As a courtesy, our office will make reminder calls for appointments, but it is ultimately the patient's responsibility to keep the appointment.

**Insurance and Payment:** We will file your insurance carrier for services provided to you in our office. We require a copy of your current and valid insurance card at check-in to verify benefits, proper coverage, and billing information. Without a current insurance card, we will not be able to file your claims appropriately and you will be responsible for all charges. If we are a participating provider with your insurance plan, your insurance company requires our office to collect all co-payments, co-insurance, and deductible at the time service is rendered.

Please be advised that it is impossible to quote an exact amount for your office visit. Each visit is determined by many variables; including, complexity and severity of your visit, and physician time.

IF YOU ARE A NEW PATIENT AND YOUR INSURANCE COMPANY REQUIRES YOU TO CHOOSE A PRIMARY CARE PHYSICIAN (PCP), IT IS EXTREMELY IMPORTANT THAT YOU CONTACT YOUR INSURANCE COMPANY AND HAVE THE PCP CHANGED TO DR. HIMANSHU PARIKH. IF NOT, THE INSURANCE COMPANY WILL DENY THE CLAIM AND THE BALANCE WILL BE YOUR RESPONSIBILITY.

It is the patient's responsibility to inform the front desk of any changes to your address, phone number, or insurance coverage. If your insurance coverage has changed and you fail to notify us of the changes, this will result in us filing a claim with the incorrect billing information and the patient may receive a bill as a result. Please keep in mind that various insurance companies have a strict time limit within which claims must be filed. We encourage you to call your insurance company with any questions regarding benefits and coverage. Not all insurance policies cover annual physical exam or the lab work associated with the exam. Not all insurance policies will cover procedures recommended by your doctor or

personally requested by you. It is your responsibility to contact your insurance company and verify coverage and benefits.

Self-pay patient are seen in our office. Payment for services is required at the time of the visit.

This office does not participate in any "third party billing." In the event of an accident, etc., the patient is fully responsible for payment of all charges.

In the event that we do not participate with your insurance plan, you may still be seen by our doctor. Payment in full is expected at the time of service.

We gladly accept personal checks, cash, MasterCard, Visa, Discover, and debit cards. If your check is returned by your bank for insufficient funds or for any other reason, a \$30.00 service charge will be charged to your account. We will then ask you to pay for all future visits by cash or credit card.

**Referrals:** Managed care referrals require a visit to your PCP first. If your insurance company requires a referral to see a specialist, please notify our office as soon as you have made the appointment. Please allow at least three business days to process a referral. It will be your responsibility to make sure that the specialist office has received the referral authorization before your appointment. Retroactive referrals will not be issued.

**Prescriptions:** Please request prescription refills directly from your pharmacy. Your routine medication refills including mail order pharmacy will be done at your regular appointment or once the lab results are available. Therefore; we advise you not to miss your routine follow-up visits. We encourage you to keep a list of all active medicines with you for all appointments. If you are calling for medicine refill, please provide us exact name of medicine, dose, pharmacy name and phone number. Routine medication refills will be done during office hours, Monday thru Friday. It will not be done over the weekend since our provider may not have access to your medical information. Refills for antibiotics and narcotic pain medicines will not be called without evaluating you first.

**Forms:** To ensure accuracy and completion, you will need to schedule an appointment if you have a disability, DMV, FMLA, or work/physical form that needs to be completed. Please be advised there may be a charge for forms completion from \$25 to \$75 depending on complexity of forms.

**Medical Records:** Please allow 7 to 10 business days to complete requests for medical records. There is a fee for medical records depending upon volume. Our office must receive full payment before a medical record request can be processed.

I have read the above policy and understand my responsibilities.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_