



Pawleys Island Pain Management

Patricia R. Grant, MD

Phone (843) 894-0978 Fax (843) 894-1106 313 Commerce Drive Suite B Pawleys Island, SC 29585

OFFICE POLICIES AND PROCEDURES FOR OUR PATIENTS

Thank you for choosing Pawleys Island Pain Management. We realize that you have a choice in medical providers and are pleased that you have chosen to seek care with us. The staff at Pawleys Island Pain Management strives to exceed expectations in care and service in order to make your experience with us as comfortable and stress free as possible. Our goal is to provide quality medical care in a timely manner. In order to do so, we have implemented the following policies. These policies enable us to better utilize available appointments for our patients in need of medical care. Please feel free to contact our office if you have any questions regarding any of the following policies.

OFFICE HOURS:

Our office is available Monday- Thursday 8:30a.m. to 4:30p.m. and Fridays from 8:30am to 12:00pm. You can reach us at 843-894-0978. If you need an appointment, prescription refill or test results, please call during regular business hours. There may be certain circumstances beyond our control that force us to close the office during normal business hours. We will make every attempt to notify you of such closure including telephone, email, website and social media.

APPOINTMENTS:

Pawleys Island pain Management is committed to providing quality care to our patients. To ensure timely continued care, we encourage patients to schedule appointments in advance of follow-up due dates. When calling for an appointment, please provide your name, date of birth, telephone number, chief complaint/reason for visit as well as any updated contact or insurance information. While we strive to schedule appointments appropriately, emergencies can and do occur. For this reason, we kindly request your patience and understanding should an emergency arise and affect your appointment. Follow up may be required to be scheduled after a test or procedure is performed. We encourage you to schedule appointments ahead of time for prescription and annual exams. All patients are expected to keep their scheduled appointments for treatment.

CANCELLATION POLICY:

Pawleys Island Pain Management requires 24-business hour notice of cancellation if you are unable to keep your appointment. We are more likely to reallocate the time for another patient that is in need. We have this notice so we can serve your needs in a timely fashion. If you do not cancel within at least a 24 hour period you will be marked a No Show. All calls and emails are recorded, date and time stamped. In addition, more than three (3) cancellations or no shows by patient within any twelve (12) month period may result in discharge from failure to adhere to the physician plan of care. We cannot care for you if you do not come to your appointments.

NO SHOW POLICY:

A "No Show" policy is missing an appointment without at least a 24- business hour notice to the providers office. All calls and emails are recorded, date and time stamped. We require at least a 24-business hour notice of cancellation so that we have time to offer open appointments to other patients in need of an appointment. More than three (3) "no shows" withing any given twelve (12) month period may result in discharge from the practice for failure to adhere to the physicians plan of care. We can not care for you if you do not come to your appointments. If you miss (3) New Patient appointments, we will not be able to reschedule you.



Pawleys Island Pain Management

Patricia R. Grant, MD

Phone (843) 894-0978 Fax (843) 894-1106 313 Commerce Drive Suite B Pawleys Island, SC 29585

The goal of our medical practice is to provide you with comprehensive, convenient and above all, quality medical care. Our office believes the relationship between your health care provider and you requires mutual respect, consideration, and understanding. We pledge to uphold the trust you have placed in us by providing medical care of the highest quality available and request that you honor that relationship by taking care of your financial commitment in a timely manner.

PAYMENT:

Payment of the office visit or your appropriate co-payment is due the day of service; additional fees are within thirty (30) days of adjudication of your claim. We accept cash, personal checks, Visa, MasterCard, Discover, and American Express.

INSURANCE:

With many changes that happen in health plans (claim addresses, group members, covered services, network changes) it is important to keep our insurance staff notified. Failure to produce proper insurance coverage identification or information may result in your being responsible for services.

REFERRAL AUTHORIZATION:

Please be advised, it is your responsibility to obtain a referral from your primary physician if required by your insurance carrier.

FORM COMPLETION:

A \$25 payment will be collected with each request to complete forms requested by patients including, but not limited to, FMLA, Long term disability, workman's compensation, AFLAC (or other short-term disability forms).

BILLING STATEMENTS:

Patients who do not comply with the financial policies of our office will receive three (3) balance statements if any balance is due. After three (3) statements you will receive a collection notice and may be sent to an outside collection agency.

INSURANCE COVERAGE/ PAYMENT POLICY:

Prior to your appointment, we will verify your insurance and benefits. Please be prepared to pay any copays, coinsurance, and/or deductibles that have not been met. We DO collect copays, if applicable at every visit regardless of reason. If your claim is paid in full by your insurance carrier, then you will be refunded within 30 days of insurance adjudication of claim. We want your visit to be as comfortable as possible and all financial matters understood PRIOR to your visit so that your care is the priority at your visit. If you are unsure about your insurance plan of benefits, please contact your plan administrator.



Pawleys Island Pain Management

Patricia R. Grant, MD

Phone (843) 894-0978 Fax (843) 894-1106 313 Commerce Drive Suite B Pawleys Island, SC 29585

DEDUCTIBLE:

A set amount that you must meet before your insurance plan contributes to any expenses.

OUT- OF- POCKET:

A set amount that you must meet via a percentage of each visit or allowable before the insurance plan contributes 100%. Example: \$5,500 out of pocket at 30% meaning you must pay 30% of expenses until that total of \$5,500 is met. When met your plan will pay 100% of claim.

COPAY:

A set amount that you must pay each time you visit a provider, lab, or other healthcare provider. Example: \$30 for a primary care visit, \$50 for a specialty visit, \$50 for an ER visit. Your insurance may or may not cover your visit with Pawleys Island Pain Management. We collect all copays, coinsurances, and deductibles when you check in prior to seeing your physician as we do not know what will be addressed and documented by the physician during your encounter. We make every reasonable attempt to collect from insurance by ultimately, the patient is responsible for all balances regardless of reason of insurance denial.

INSURANCE:

Pawleys Island Pain Management will bill your insurance according to our contracts with insurance companies. It is your responsibility to give us the correct insurance information to bill your claims. We do not participate with Medicaid and will not bill for either primary or secondary Medicaid claims. Insurance contracts mandate that we collect copays, coinsurances and deductibles from patients. If you disagree with what your insurance company is telling us to collect from you, please contact your insurance company. Please know your insurance benefits and notify our office of any insurance changes. We collect all copays for appointments. If your deductible has not been met and you are being seen for a follow up, problem, or procedure, we will collect the allowable office visit charge. If there is a patient refund due according to the insurance adjudication, refunds are processed no later than 30 days after the date of insurance positing if there are no other claims or other balances pending payment. We will bill a claim no more than two (2) times regardless of reason of denial. Ultimately you are responsible for any balances unpaid after 60 days regardless of insurance billed or reason denied.

PAYMENTS:

Pawleys Island Pain Management accepts cash, personal checks, MasterCard, Visa, Discover, and AMEX. Checks can be made to Pawleys Island Pain Management. It is the policy of Pawleys Island Pain Management to make all reasonable attempts to collect outstanding balances including at least three (3) statements, phone calls, and collection letter. We offer installment agreements with a credit/debit card on file. Any breach of signed installment agreement will result in immediate discharge from the practice and/or immediate submission of account to third party collection agency. Any accounts over 90 days may be outsourced to a third party for collections and may result in discharge from the practice for failure to adhere to financial policy. All returned checks will be notified by certified mail and are subject to a \$30 return check fee and given (10) days to resolve. All returned checks and fees will be turned over to the magistrate's office after ten (10) days.



Pawleys Island Pain Management

Patricia R. Grant, MD

Phone (843) 894-0978 Fax (843) 894-1106 313 Commerce Drive Suite B Pawleys Island, SC 29585

PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

South Carolina Law requires that your health care provider or health care Facility recognizes your rights while you are receiving medical care and that you respect the healthcare provider or health care facility's rights to expect certain behavior on the part of the patients. You may request a copy of the full text of this law from your health care provider or health care facility. The Following is a summary of your rights and responsibilities as a patient.

RIGHTS:

A patient has the right to be treated with courtesy and respect with the appreciation of his/her individual dignity, and with protection of his/her privacy.

A patient has the right to prompt and reasonable answers to questions and requests.

A patient has the right to know who is providing medical services and who is responsible for his/her care.

A patient has the right to know what patient support services are available, including whether an interpreter is available if she/he does not speak English.

A patient has the right to know what rules and regulations apply to his/her conduct.

A patient has the right to be given by his/her health care provider information concerning diagnosis, planned course of treatment, alternatives, risks and prognosis.

A patient has the right to refuse any treatment, except as otherwise provided by law.

A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his/her care.

A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rates.

A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.

A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and upon request to have the charges explained.

A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap or source of payment.

A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.

A patient has the right to know if medical treatment is for purposes of experimental research and to give his/her consent or refusal to participate in such experimental research.

A patient has the right to express grievances regarding any violation of his/her rights, as stated in South Carolina law, through the grievance procedure of the healthcare provider of health care facility which served him/her and the appropriate state licensing agency.

RESPONSIBILITIES:

A patient is responsible for providing his/her healthcare provider, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to his/her health.

A patient is responsible for reporting unexpected changes in his/her health to the health care provider

A patient is responsible for reporting to his/her health care provider whether he/she comprehends is contemplated course of action and what is expected of him/her

A patient is responsible for following treatment plan recommended by his/her healthcare provider.

A patient is responsible for his/her actions if he/she refused treatment or does not follow the health care provider's instructions.

A patient is responsible for assuring that the financial obligation of his/her health care are fulfilled as promptly as possible.

A patient is responsible for following healthcare facility rules and regulations affecting patient care and conduct.

NOTICE OF HIPPA PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THE INFORMATION, YOUR RIGHTS CONCERNING YOUR HEALTH INFORMATION AND OUR RESPONSIBILITIES TO PROTECT YOUR HEALTH INFORMATION.

PLEASE REVIEW IT CAREFULLY.

State and Federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this Notice. We are required to abide by the terms of this Notice of Privacy Practices. This notice will take effect on October 1, 2021 and will remain in effect until it is amended or replaced by us.

We reserve the right to change our privacy practices provided law permits the changes. Before we make a significant change, this Notice will be amended to reflect the changes and we will make the new Notice available upon request. We reserve the right to make any changes in our privacy practices and the new terms of our Notice effective for all health information maintained, created and/or received by us before the date the changes were made.

You may request a copy of our Privacy Notice at any time by contacting our Office. Information on contacting us can be found at the end of this Notice.

We will keep your health information confidential, using it only for the following purposes:

Treatment: While we are providing you with health care services, we may share your protected health information (PHI) including electronic protected health information (ePHI) with other health care providers, business associates and their subcontractors or individuals who are involved in your treatment, billing, administrative support of data analysis. These business associates and subcontractors through signed contracts are required by federal law to protect your health information. We have established "minimum necessary" or need to know" standards that limit various staff members' access to your health information according to their primary job functions. Everyone on our staff is required to sign a confidentiality statements.

Payment: We may use and disclose your health information to seek payment for services we provide to you. This disclosure involves our business office staff and may include insurance organizations, collections or other third parties that may be responsible for such costs, such as family members.

Disclosure: We may disclose and/or share protected health information (PHI) including electronic disclosure with other health care professionals who provide treatment and/service to you. These professionals have a privacy and confidentiality policy like this one. Health information about you may also be disclosed to your family, friends and/or other persons you choose to involve in your care, only if you agree that we may do so. As of March 26, 2013 immunization records for students may be released without an authorization (as long as the PHI disclosed is limited to proof of immunization). If an individual is deceased you may disclose PHI to a family member or individual involved in care of payment prior to death. Psychotherapy notes will not be used or disclosed without your authorization. Genetic Information Nondiscrimination Act (GINA) prohibits health plans from using or disclosing genetic information for underwriting purposes. Uses and disclosures not described in this notice will be made only with your signed authorization.

Right to an Accounting of Disclosure: You have the right to request an "accounting of disclosures" of your protected information if the disclosure was made for purposes other than providing services, payment, and/or business operations. In light of the increasing use of Electronic Medical Record technology (EMR), the HITECH Act allows you the right to request a copy of your health information in electronic form if we store your information electronically. Disclosures can be made available for a period of 6 years prior to your request and for electronic health information 3 years prior to the date on which the accounting is requested. If for some reason we aren't capable of an electronic format, a readable hard copy can be provided. To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer. Please contact our Privacy Officer for an explanation of our fee structure. May 23, 2016 OCR clarified a flat fee for electronic copies may not exceed \$6.50 (including labor for copies, supplies and postage); this does not mean that the ceiling for all requests for access is \$6.50.

Right to Request Restriction of PHI: If you pay in full out of pocket for your treatment, you can instruct us not to share information about your treatment with your health plan; if the request is not required by law. Effective March 26, 2013, the Omnibus Rule restricts provider's refusal of an individual's request not to disclose PHI.

Non- routine Disclosures: You have the right to receive a list of non-routine disclosures we have made of your health care information. You can request non-routine disclosures going back 6 years starting on April 14, 2003.

Emergencies: We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up filled prescriptions, x-rays or other similar forms of health information and/or supplies unless you have advised us otherwise.

Healthcare Operations: We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records staff, insurance operations, health care clearinghouses and individuals performing similar activities. Including the disclosure of your PHI in the event of transfer, merger or sale of the existing practice to a new provider.

Required by Law: We may use or disclose your health information when we are required to do so by law. (Court or administrative orders, subpoena, discovery request or other lawful process.) We will use and disclose your information when requested by national security, intelligence or other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

National Security: The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities, we may disclose it to a authorized federal officials.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Public Health Responsibilities: We will disclose your health care information to report problems with products, reactions to medications, product recalls, disease/infection exposure and to prevent and control disease, injury and/or disability.

Marketing Health-Related Services: We will not use your health information for marketing purposes.

Appointment Reminders: We may use your health records to remind you of recommended services, treatment or scheduled appointments.

Access: Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian). We will provide access to health information in a form/ format requested by you. There will be some limited exceptions. If you wish to examine your health information, you will need to complete and submit an appropriate request form. Contact our Privacy Officer for a copy of the request form. You may also request access by sending us a letter to the address at the end of this Notice. Once approved, an appointment can be made to review your records. If you want the copies mailed to you, postage will also be charged. Access to your health information in electronic form if (readily producible) may be obtained with your request. If for some reason we aren't capable of an electronic format, a readable hard copy will be provided. If you prefer a summary or an explanation of your health information, we provide it for a fee. Please contact our Privacy Officer for an explanation of our fee structure. May 23, 2016 OCR clarified a flat fee for electronic copies may not exceed \$6.50 (including labor for copies, supplies and postage); this does not mean that the ceiling for all requests for access is \$6.50.

Amendment: You have the right to amend your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

Breach Notification Requirements: It is presumed that any acquisition, access, use or disclosure of PHI not permitted under HIPPA regulations is a breach. We are required to complete a risk assessment, and if necessary, inform HHS and take any other steps required by law. You will be notified of the situation and any steps you should take to protect yourself against harm due to the breach.

Questions and Complaints:

You have the right to file a complaint with us if you feel we have not completed with our Privacy Policies. Your complaint should be directed to our Privacy Officer. If you feel we have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us in writing. Request a Complaint Form from our Privacy Officer. We support your rights to privacy of your information and will not retaliate in anyway if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

HOW TO CONTACT US: Pawleys Island Pain Management

TELEPHONE: (843) 894-0978 **FAX:** (843) 894-1106

PHYSICAL ADDRESS: 313B Commerce Drive Pawleys Island, SC 29585