



Office Policies

Thank you for choosing Madison Primary for your health care needs. In an effort to make your transition to our practice as smooth as possible we have the following policies that we request you read and sign annually. We are available to help clarify any of our policies. We strive to provide patients with the highest level of customer service. Dr. Bodla & our entire team appreciate and welcome your feedback to improve services, address any personal concerns regarding your medical care, or office experience.

Madison Primary Care Providers:

- Adeel A. Bodla, MD
- Janet Phillips, CRNP
- Hannah Lowe, CRNP
- Fakhra Ahmad-Bodla, CRNP

Our Mission: Our primary mission is to provide our patients with the highest quality of health care within the scope of our specialty – Family Medicine.

Office Hours: Monday – Friday 8-5 pm with Lunch from 12-1pm. We are closed for all major holidays. Extended or after-hours appointments can be made by appointment. Call 911 in the event of any life-threatening emergency. We offer an after-hours answering service that is able to contact the on-call provider for urgent issues. We welcome you to use this service anytime you have serious concerns or questions. They can be reached at 1 866-388-0798. Please contact our main number during regular business hours for all non-urgent issues. Friday appointments are generally reserved for sick visits, urgent medication refills, and abnormal lab/imaging follow up appointments.

Inclement Weather: In the case of extreme weather we must close the office so it does not compromise the safety of our staff & patients. In such instances, we utilize patient approved communication methods to send automated notifications by text/e-mail/portal messages/voice calls. We also strive to post statuses to our FaceBook page. We encourage you to like and follow us for updates.

Patient Portal: We welcome our patients to register for our patient portal where you can communicate with our staff, send messages, request appointments and refills on your medications.

Messages: We strive to return patient calls or portal messages as soon as possible. Non-urgent calls and messages will be returned within 48 hours. Please call our office directly for any urgent issues and go to the nearest ER or call 911 for emergencies and/or life-threatening issues.

First Visit: We welcome new patients. New patients will be screened for insurance acceptance and eligibility; then contacted by our front office staff to complete new patient registration via our patient portal. We ask that you complete and submit this registration at least 48 hours prior to your appointment time. Failure to register in advance may result in the office rescheduling your appointment. We ask that you arrive 20 minutes before your appointment to complete the registration process. Prior records may be sent to us by completing a release of medical records. Medical Records release/request forms are available on the MPC website or in office.

Annual Wellness Exams: Madison Primary Care will schedule all new patients for their annual wellness exam at the completion of their initial office visit. Many insurance companies encourage such visits and will waive your deductible or co-pay depending on the patient's insurance plan. Many insurances dictate that if any problems are discussed or prescriptions are generated from this wellness exam, your copay, or deductible will then become due. Wellness exams are to focus on health promotion activities, such as updating screenings and recommend vaccines. Please discuss your wellness benefits with your insurance provider and notify our office if such benefits are not available to you. Knowing the terms of your insurance is the patient's responsibility and our office will make every attempt to answer any questions when possible.

Controlled Substances: We do not provide chronic pain management services with controlled substances or narcotics. Any chronic pain needs or other medical conditions requiring long-term controlled substances treatment will be referred to providers who can better manage your healthcare needs.

Appointments: We value your time and want to give you and your health issues our utmost attention. Therefore if you arrive more than 20 minutes late for your appointment, you may be asked to reschedule in order for you to have ample time to get your health concerns addressed. We ask that you kindly give at least 48 hours notice when canceling or rescheduling an appointment. **We will charge \$25.00 for missed appointments, or appointments canceled or rescheduled within 24 hours of your appointment.** By failing to cancel or reschedule your appointment three or more times we reserve the right to dismiss the patient from our practice.

Same Day Appointments: At this time we do not offer "walk-in" appointments. However, we strive to accommodate same-day appointment requests for urgent care needs. Contacting our office early in the day will help us accommodate your needs. We will make every effort to see you at your scheduled appointment time and ask for your understanding in the event we are running behind schedule as unforeseen emergencies and complex patients may warrant additional provider time. Our staff is committed to keeping you informed of delays and offering our patients options to manage their valuable time.

Health Forms: We understand that health forms are required by many schools, employers, and government agencies. These forms can be completed during a dedicated visit. Please be aware that you will incur a \$25 form fee. More extensive forms may have to be completed after your office visit and picked up at a designated time. Similarly, any form completion requested outside of an office visit will be subject to the \$25.00 form fee. Some forms may require an office visit with one of our providers for completion.

Medical Records: In order to ensure the accuracy and safety of your medical information, all of our medical records are in digital format. Copies of your medical records are available to you with a signed medical release. We do not charge for doctor-to-doctor medical record fax transfers. However, we do charge \$1.00 per page for personal copies of records and/or any documents that are printed. The majority of medical records requests are processed securely by a third-party vendor.

Identification: All patients will need to bring their current driver's license or a valid photo ID and an updated insurance card to each appointment. We depend on accurate information to file your insurance claim. Incorrect information can result in the denial of your claim. To protect your privacy, employees are requested to seek secondary identification from all patients in person or over the phone. We ask for your cooperation in this verification process.

Inpatient Care: We believe in continuity of care. Dr. Bodla is credentialed to admit to Madison Hospital, Crestwood Medical Center, and Huntsville Hospital. Practice obligations and distance limitations do not allow him to admit all of his patients at times. We welcome you to call our office or have your emergency/inpatient physician communicate with Dr. Bodla and his staff regarding your admissions. Anytime Dr. Bodla is unable to admit you to the hospital himself, your care will be transitioned to the on-call hospitalist.

Patient Dismissal: We sincerely hope that we never have to part ways with a patient. However, extenuating circumstances may make this necessary. If this occurs, you will be notified by certified mail of this non-negotiable decision. You will have 30 days to find another doctor during which we will continue to offer urgent care services only.



Financial Arrangements And Insurance

We are committed to providing you with the best possible care. If you have medical insurance, we would like to help you receive your maximum allowable benefits for services we provide; as well as independent services related to prescriptions, laboratory testing, diagnostic imaging, health promotion services & referrals. In order to achieve this, we need your assistance and your understanding of our financial policies.

Payment is due at the time services are rendered. Our office accepts cash, credit card & debit card transactions. We are unable to accept checks at our Practice.

Insurance: Insurance claims will be filed for you as a courtesy. If you have a deductible, which has not been met, or your insurance deems your visit as a non-covered service you will be responsible for the balance. The terms of your insurance policy are between you and your insurance company. There will be a \$25.00 charge on all returned payments. All co-pays or deductibles will be collected prior to your office visit. With all the variations in insurance policies, we ask that you ***please be familiar with the terms and policies of your insurance plan. Any questions or problems with your insurance should be directed to your individual insurance company.*** Some insurance carriers require a Primary doctor to be selected and specific laboratories to process your lab specimens. It is the patient's responsibility to notify our office staff of these restrictions.

Payments & Balances: Your insurance entity dictates your co-pay, deductible and coverage. In the event you are unable to pay your contracted obligations we will give you the opportunity to reschedule your appointment to a more convenient time. Prior to your visit, any patient with an unmet deductible will be required to deposit \$100 towards their office visit & will pay for any additional in-house labs or procedures at checkout. All past balances, co-pays & deductibles must be collected prior to your office visit.



Prescription Refill Policy

Medications: We have zero-tolerance for errors related to patient prescriptions and medications. Please read the following prescription refill policies carefully and agree to the following:

- So that the Providers and Nurses at Madison Primary Care can focus their time and attention to patient care, I will make every effort to have medications filled at the time of my office visit.
- I will bring all my prescription bottles or a detailed list of medications to each appointment.
- (For female patients) I will notify the provider or nurse if there is any chance I may be pregnant.
- I understand that any refill request(s) outside of an office visit will incur a \$25 fee, for any medication in any quantity authorized.
- I agree to allow 48 hours or two business days for prescription refill requests to be processed.
- I will use the patient portal to make refill requests or speak directly to a member of the office staff during normal business hours.
- I understand that refills should be requested Mon-Thurs, and that refills requested after 4:00 pm on Thursday or anytime on Friday may not be processed until Monday.
- I understand that a follow-up visit may be required in order to refill my medication.
- I understand that for safety reasons the office does **NOT** accept auto-generated refill requests from pharmacies, as the doses/medications are often incorrect or discontinued.
- I agree to take all medications as instructed, and will not alter or change the dosage without consulting a medical provider.
- I will keep all follow-up appointments as recommended so that my medications and any relevant lab work can be monitored.
- I will not alter or forge a prescription; this is a felony and will be reported.
- I understand that any and all controlled substances require an office visit with the provider, and only a 30 day supply will be dispensed at any time.
- I will not trade, sell, or give away my medication.
- I will not drive while taking any narcotic or controlled substance.
- I will not combine alcohol with any narcotic or controlled substance.
- I understand only emergency medications will be called in after-hours and will incur a fee.
- I understand controlled substances will **never** be called in or refilled after hours or without an office visit.



Laboratory Information & Policies

Other than some in-house laboratory testing, we do not run our own send-off laboratory. As a convenience to our patients, we are a satellite LabCorp draw site. Labs drawn here are processed and billed in the same way as any independent laboratory center. We have no financial relationship with these laboratory facilities. Some points and tips we would like to highlight are:

- It is your responsibility to be aware of your insurance coverage, policy provisions, exclusions, limitations and authorization requirements.
- The phlebotomist on site is a LabCorp employee, our office is limited to one phlebotomist so wait times may vary from actual appointment times.
- Lab specimens obtained by our phlebotomist, or on occasion by our own medical staff, are submitted to LabCorp for processing.
- At your request, your lab specimens can be submitted to Quest Laboratory, Huntsville Hospital Laboratory, or the Crestwood Medical Center Laboratory.
- The Labcorp technician can perform courtesy draws for these Laboratories, but you must notify the phlebotomist in advance.
- A patient has the right to have their labs drawn at any other lab draw site & may simply request that their lab orders be printed and/or sent to their laboratory of choice.
- Many insurance companies will not pay for tests that they feel are "not medically necessary" even if your provider feels they are; each insurance company has its own definition of "medically necessary".
- Likewise, some insurance companies will not pay for "routine" lab tests and will require a medical diagnosis for each and every test that is done.
- Occasionally adding additional appropriate diagnostic codes can be resubmitted by our office to have your labs covered; in such cases please speak to one of our office nurses to see if any coding can be re-submitted for processing on your behalf.
- In general, questions regarding bills you receive from Laboratory facilities should be directed towards the Lab and/or your insurance carrier.
- If you have a secondary insurance, please be certain to communicate this to your primary insurance & the Laboratory so that they can forward the claim to the secondary carrier when indicated.
- If you receive a request for information from your insurance company, please complete and return the request immediately. Delay in payment from the insurance company may result in a transfer of responsibility from the insurance company to the patient.



Patient Portal Consent

Madison Primary Care offers secure viewing and communication as a service to patients who wish to view parts of their records and communicate with our staff and physicians. Secure messaging can be a valuable communications tool, but has certain risks. In order to manage these risks, we need to impose some conditions of participation. This form is intended to show that you have been informed of these risks and the conditions of participation, and that you accept the risks and agree to the conditions of participation.

How the Secure Patient Portal Works

A secure web portal is a kind of webpage that uses encryption to keep unauthorized persons from reading communications, information, or attachments. Secure messages and information can only be read by someone who knows the right password or pass-phrase to log in to the portal site. Because the connection channel between your computer and the Web site uses secure sockets layer technology you can read or view information on your computer, but it is still encrypted in transmission between the Web site and your computer.

Protecting Your Private Health Information and Risks

This method of communication and viewing prevents unauthorized parties from being able to access or read messages while they are in transmission. No transmission system is perfect and we will do our best to maintain electronic security. However, keeping messages secure depends on two additional factors: the secure message must reach the correct email address, and only the correct individual (or someone authorized by that individual) must be able to get access to it.

Only you can make sure these two factors are present. We need you to make sure we have your correct email address and are informed if it ever changes. You also need to keep track of who has access to your email account so that only you, or someone you authorize, can see the messages you receive from us.

If you pick up secure messages from a web site, you need to keep unauthorized individuals from learning your password. If you think someone has learned your password, you should promptly go to the web site and change it.



Email & Text Messaging Consent

We have the ability to email and/or text you important information. Patients in our practice may be contacted via email and/or text messaging to remind you of appointments, provide general health reminders & convey information regarding tests such as lab or imaging results.

I consent to receiving appointment reminders and other healthcare communications or information at the email and/or cell phone number I register with Madison Primary Care.

I understand that this request to receive emails and/or text messages will apply to all future appointment reminders/health information/feedback/or results unless I request a change or cancellation in writing.

Patient Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form and the Policies and Procedures Regarding the Patient Portal. I understand the risks associated with online communications between my physician and me, and consent to the conditions outlined herein. In addition, I agree to follow the instructions set forth herein and including the policies and procedures as set forth in the login screen, as well as any other instructions that my physician may impose to communicate with patients via online communications. All of my questions have been answered and I understand and concur with the information provided in the answers.

Having read the above, I agree to abide by the policies set by Madison Primary Care. I realize that all charges incurred by me and my dependents are my financial responsibility and all court fees, attorney fees, or other fees necessary to collect any past due balances are my responsibility. Failure to follow these policies could result in my dismissal from the Practice.

I confirm that the information that I have provided is true and correct. I have signed these policies of my own free will and agree to the following:

- A. Office Policies**
- B. Financial Arrangements And Insurance**
- C. Prescription Refill Policies**
- D. Laboratory Information & Policies**
- E. Patient Portal Consent**
- F. Email & Text Messaging Consent**