



1016 E. Spring Street  
Monroe, GA 30655  
Phone 770-464-0280

200 Brookstone Place  
Social Circle, GA 30025  
Phone 678-871-7370

From: Michelle Plaster, MD

Dear Valued Patient:

Welcome to our practice. I am honored to staff such a great team of physicians, and I am committed to providing you with the best care we can. We know how important it is to have a good relationship with your doctor and how difficult it can be to select a doctor. Our hope is that we form a partnership to keep you as healthy as possible, no matter what your current state of health. We will share our medical expertise with you, and hope you'll take responsibility for working toward the healthy lifestyle that is so important to your well-being. Few of us, myself included, have a completely healthy lifestyle, but each day we can take a step closer to a healthier life.

Here are some important steps you can take toward better health:

- Don't smoke cigarettes or use other tobacco products. Let us know if you are interested in quitting so we can help you succeed.
- Drink alcohol in moderation, if at all, and never drive when you've been drinking.
- Eat a diet low in fat and high in vegetables and fruits.
- Exercise at least three times a week.
- Wear your seat belt whenever you're in a car.
- Identify your stressors and learn about ways to deal with stress and tension.
- Discover what spirituality means to you and practice it.
- Maintain ties with your family, neighbors, co-workers or your church community.

It will give us great pleasure to work with you on your healthcare goals and help you be as healthy as possible. We hope you will feel completely comfortable discussing your health concerns with us. We promise we will listen to you, we will only know how to assist you if we listen as well as we talk. We believe we will succeed as a doctor-patient team if we are honest with each other, respect each other and remember we are a team.

My team of physicians look forward to working with you as your family doctors. Please contact me whenever you'd like to talk about anything you think may be affecting your health. It's my hope that we can have a relationship where the lines of communication are open and communication goes both ways. I ask that you let me know if you are ever dissatisfied with the care you are receiving so we can work to assure you are receiving the highest possible care. Let's work together to help you live the satisfying life that you deserve.

Thank you again for allowing us the pleasure of serving as your health care provider.



Dr. Michelle Plaster



Dr. Craig Colby



Dr. Bryan Kirkland



## Patient Rights

### **THIS SECTION DESCRIBES YOUR RIGHTS AND THE OBLIGATIONS OF THIS PRACTICE REGARDING THE USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION.**

You have the following rights regarding medical information:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes your medical and billing records: but does not include psychotherapy notes. Upon proof of an appropriate legal relationship, records of others related to you or under your care (guardian or custodial) may also be disclosed.

To inspect and copy your medical records, you must submit your request in writing to our Medical Records Coordinator (MRC). Ask the front desk person for the name of the MRC. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in very limited circumstances. If you are denied access to medical information, you may request that our MRC review the denial, and a licensed health care professional chosen by the practice will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome and recommendations from that review.

- **Right to Amend:** If you feel that the medical information we have about you in your record is incorrect or incomplete, then you may ask us to amend the information, following the procedure below. You have the right to request an amendment for as long as the Practice maintains your medical record.

To request an amendment, your request must be submitted in writing, along with your intended amendment and a reason that supports your request to amend. The amendment must be dated and signed by you and notarized.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment:
  2. Is not part of the medical information kept by or for the practice:
  3. Is not part of the information which you would be permitted to inspect or copy.
  4. Is inaccurate and incomplete.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures” made by this practice after April 14, 2003. This is a list of the disclosures we made of medical information about you to others that are not involved with your treatment, payment of services rendered to you or health care operations as previously defined in this Notice of Privacy Practices.

To request this list, you must submit your request in writing. Your request must state a time period no longer than six (6) years back and may not include dates before April 14, 2003.



1016 E. Spring Street  
Monroe, GA 30655  
Phone: 770-464-0280

200 Brookstone Place  
Social Circle, GA 30025  
Phone: 678-871-7370

## **Office Policies**

We would like to thank you for choosing Our Family Health as your medical provider. We have written this to keep you informed of our current office policies. We set these policies to help us serve our patients and make the best effort to provide convenient care to all.

**Office Hours:** Our clinic's hours are set to help accommodate patients work schedules.

Monday: 8:00 am to 6:00 pm  
Tuesday: 8:00 am to 5:00 pm  
Wednesday: 8:00 am to 5:00 pm  
Thursday: 8:00 am to 5:00 pm  
Friday: 8:00 am to 5:00 pm

**Appointments:** We see patients by appointment but same day appointments are usually available for urgent or sudden illness.

**Urgent Need or Sudden Illness:** We believe that we need to be available to patients when they are sick so we will make every effort to see patients when they need us. If you have an urgent need call the clinic so we can arrange for you to come in at a specific time and prevent prolonged waiting times. We have a limited number of same day appointments available each day. Please call early in the day, as these spots fill up quickly.

**After Hours Calls:** For a serious emergency call 911 right away. After hours you will reach our answering service. They will page the physician on call. We ask that you use this service only for urgent medical concerns. Do not call after hours for appointments, medication refills or issues that can be taken care of during office hours.

**After Hours Emergencies:** As above you will reach our answering service, they will page the physician on call. Urgent medical emergencies will be assessed by a physician and you may be directed to call 911 or go to the nearest emergency room.

**Cancellations:** Please call within 24 hours if you are unable to keep your scheduled appointment. This allows us to provide that time slot to another patient. There is a fee for missed appointments which are not properly cancelled. Repeated missed appointments not cancelled may result in discharge of the patient from the practice.

**Running on time:** We know your schedule is busy and that your time is valuable. Please let us know if you have waited more than 15 minutes in the lobby, so we can double check to see if you have been properly checked in. Our goal is to have you in the exam room at the time of your appointment so please try to arrive 15 minutes early when possible. Remember that we are running several different schedules. If someone who arrived after you is called before you, they might be having blood drawn or seeing a different provider. We will make all attempts to minimize long waits but we ask our patients to be understanding that patient care always comes first and all patients will be given the amount of time needed for best care.

**Treatment of Minors:** Patients under the age of 18 must be accompanied by a responsible adult and have written permission, for treatment, from a parent or guardian when the parent/guardian cannot accompany the minor. Appointment will be rescheduled if patient under 18 is not accompanied by a parent/guardian.

**Patient Privacy in the exam room:** The doctor must be able to speak openly with patients; this may be limited in the presence of friends or family. All patients over the age of 18 will be brought back to the exam room alone and if they desire someone to accompany them, they may ask the doctor at the beginning of the visit.

**Lab Work:** If you need your lab work sent to a specific lab we need you to tell the person drawing the blood every time. This will help us assure we work as your insurance desires. OFHC will not be held liable if your blood work is sent to a lab that is not covered by your insurance if we were not notified at time of lab draw.

**Labs Ordered by Other Physicians:** We do not routinely draw lab work which has been ordered by other physicians as it may not be clear what the diagnosis code is for the labs. This often prevents insurance from paying for your lab work. However, we will fulfill this request if you are here for an appointment. If another physician wants blood tests, but cannot draw them in his/her office, please ask that physician for a form to take to the lab of your choice.

**Patient Portal:** Our Family Health Center is now offering our patients easy and private access to your medical information online. You can view your personal health record whenever and wherever you have access to the Internet. The portal allows you to request appointments, request referrals, request medication refills, view lab results, view your latest statement, update your demographic information, send messages and receive messages from staff, and much more. **We ask that you use the patient portal to access any of the following information:**

- **Referrals:** Referrals are made with approval of your physician. This may require scheduling an appointment for an office visit with your physician. The referral process could take up to 5 business days with approval of your insurance. OFHC strives to expedite referral in a timely manner, if a prior authorization is indicated by your insurance carrier it could delay this process.
- **Test Results:** If you have diagnostic testing, i.e., lab, x-ray, echo, ultrasound, sleep study, please schedule a follow-up appointment, within 7-10 days, to go over the results with your physician and you will be subject to your co-pay/coinsurance. When possible we will call patients with results but many times these tests are dictating treatment plans and detailed discussion is necessary to assure patients are clear on diagnosis and treatment. For this reason we often prefer not to give test results over the phone. It is also important you keep your phone number updated so we can reach you with results when indicated.
- **Prescriptions and Refills:** The best time to get a prescription refill is at your appointment. Our physicians will always try to give you the maximum number of refills to last you until you need to be seen by them again. If you are out of refills it is probably time for you to make another appointment. We ask that you try to keep track of your refills so that you can be seen prior to running out of medication.
  - If you need to call for refills, don't wait until you have run out. If your doctor is out for the afternoon, it may be the next day (or Monday) before it can be authorized. We require one business day to call in a refill.
  - You can also call your pharmacy to notify us of a refill request.
  - Some medications have potential side effects that must be monitored. We require check-ups for these medications. Be sure to keep those follow-up appointments as medications will not be refilled if you have not kept your appointments.
  - Some prescriptions cannot be called in. The prescription must be printed for you to pick up.
  - Don't call after hours for prescription refills, Refills will never be addressed after hours.
  - Pain medications will not be refilled without an appointment. Please do not call and request a refill on pain medications or anxiety medications.

**Narcotics:** We do not call in narcotic prescriptions. If you need a refill you will need to make an appointment. If you require use of narcotics you will need to sign a pain medication contract and no exceptions to the contract will be made. If the doctor believes further testing or referrals are required and you do not get the x-ray/CT scan/ MRI/ or see the specialist as recommended then no refills will be given on the pain medication. If there is any suspicion of misuse of narcotic medications, with or without proof, no more prescriptions will be given. All patients who receive prescriptions for potentially habit forming drugs are subject to drug testing at the provider's discretion. If drug testing is refused no prescriptions will be given. Patients who do not fully comply with all these stipulations can be dismissed from the practice.

**Mail Order Prescriptions:** Many insurance plans offer financial incentives for using mail order pharmacies. We are glad to print out prescriptions for your mail order pharmacy needs. You can pick these up at our office. We do not fax or call in mail orders.

**Dismissal:** If you are "dismissed" from the practice it means you can no longer schedule appointments, get medication refills or consider us to be your doctor. You have to find a doctor in another practice.

Common Reasons for Dismissal

- Failure to keep appointments, frequent no-shows, disregarding cancelation policy
- Noncompliance, which means you won't follow physician instructions about an important health issue
- Abusive to staff
- Failure to pay your bill or make honest efforts to make payment arrangements
- Misuse or suspicion of misuse of narcotics
- Inconsistent drug screen

**Dismissal Process:** We will send a letter to your last known address, notifying you that you are being dismissed. If you have a medical emergency within 30 days of the date on this letter, we will see you. After that, you must find another doctor. We will forward a copy of your medical record to your new doctor after you let us know who it is and sign a release form.

**Wellness Exams:** Annual physical exams with screening labs test are covered at no out of pocket expense by most insurance. Please learn about your benefits prior to your appointment so you will know what is covered by your insurance plan. We do not want you to have any "surprise" expenses. This is a wellness only visit.

**Nurse or Medical Assistant:** We often refer to staff that assist our providers as “nurses”. They definitely do help you and the doctors, and you probably think of them as nurses. But most of them are not technically “nurses” because they are not licensed by the state as an LPN or RN. Most are “Medical Assistants”; this means they have technical school or on-the-job training in providing medical assistance to the physicians. They take blood pressures, weight, and ask about your symptoms, give injections, schedule tests and call in prescriptions. They work under the direct supervision of the doctor.

### ***Financial Policies***

**No Insurance:** Payment will be due at the time of service. For all patients paying cash in full at the time of service we will offer a discount to help make your visits as affordable as possible. If you are unable to pay your balance in full, you will need to make prior arrangements with our Office Manager.

**Insurance:** Although we are contracted with several insurance companies, it is your responsibility to make sure that our physician is in your plan. It is also your responsibility to know your insurance benefits. As a courtesy to our patients we will file your insurance for you, however, your balance on your account is your responsibility if insurance does not pay. We ask that at the time of your appointment you bring your insurance card and a photo ID as well as any other forms that will assist in making sure that your claim is filed correctly. At the time of service you will be responsible for all fees that are not covered by your insurance, including co-pays, co-insurance, deductibles and non-covered services or items received. **The co-pay cannot be waived by our practice, as it is a requirement placed on you by your insurance carrier.** We strive to be as accurate as possible in calculating your responsibility but, with so many variations in policies and fee schedules, we are not always exact. You may receive a statement from our office for any balance due. For your convenience we accept cash, checks, credit cards (Visa, MasterCard), and money orders. Payments are also accepted by phone.

**Auto Accident:** If your injury is a result of an auto accident, you are required to pay for services and then collect from the auto carrier. We will not file your insurance but will provide you with a receipt to do so.

**Liability Injury:** If your injury is a result from another party’s negligence, you are required to pay for services and then collect from the responsible party. We will not file your insurance but will provide you with a receipt to do so.

**Worker’s Compensation:** If your injury is due to an accident in your work place, please inform the receptionist immediately. We are not authorized to treat you for this type of claim. You will need to contact your supervisor for instructions on how to file a worker’s compensation claim. We regret any inconvenience this may cause.

**Return Checks:** There will be a \$30 charge assessed for any check returned by your bank for any reason.

**Disability, Insurance Forms, Attending Physician Statements, FMLA:** There may be a charge of \$15.00 for the completion of medical forms or you may be required to schedule an appointment. Payment is due at the time that you pick-up these forms. Please allow 7 business days for the completion of these forms. If you would like the forms mailed to you or the insurance company, payment will be due prior to mailing. Some forms require that you come in for an appointment for completion.

**Medical Records:** We will provide you a copy of your medical records upon request. There may be a fee for this service. You will need to sign a letter of release prior to having them copied. Please allow up to 10 business days for this request to be processed.

**Billing:** If you receive a bill from us, it is because we believe the balance is your responsibility. If you believe you have received this bill in error please call us immediately. Please contact your insurance company if you think there is a problem with what they have paid. If you have any questions about your bill, please call our billing department immediately. If you cannot pay your entire balance, please call to make payment arrangements.

**Collections:** Accounts that are not paid within 30 days begin our in house collection process. If your balance becomes 65 days old, your doctor will be notified and you may be subject to dismissal from the practice. After 90 days your bill may be turned over to a collection agency.



1016 E. Spring Street  
Monroe, GA 30655  
Phone 770-464-0280

200 Brookstone Place  
Social Circle, GA 30025  
Phone 678-871-7370

## **Payment Policy**

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have developed this payment policy. Please read it, and feel free to ask us any questions you may have.

- 1. Insurance.** We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
- 2. Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service and will be collected at the time of checking in for a visit. **This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.**
- 3. Non-covered services.** Please be aware that some – and perhaps all – of the services you receive may not be covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.
- 4. Proof of insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.
- 5. Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
- 6. Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.
- 7. Medical Lifetime Signature on File:** (if applicable) By signing the acknowledgement form you request that payment of authorized Medicare Benefits be made to Our Family Health Center for any services furnished me by a member of this group. You authorize any holder of medical information about me to release to the Health Care Finance Administration and its agents any information needed to determine these benefits or benefits payable for related services.
- 8. Assignment of Benefits:** By signing the acknowledgement form you request that payment of authorized insurance benefits be made on my behalf to Our Family Health Center.
- 9. Nonpayment.** If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this occurs, you will be notified by mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.
- 10. Missed appointments.** We request that you give 24 hour notice if unable to keep your appointment. If this is not possible please give the maximum notice possible. This will allow us to keep our schedule open for patients to be seen as quickly as possible. Please help us to serve you better by keeping your regularly scheduled appointment. If you fail to give a 24 hour notice you may be assessed a no show fee.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.