

# **Office Policies**

## **Referral/Prior Authorization/Prior Certification**

If your plan requires a referral, it is your responsibility to obtain this prior to being seen by a specialist. If we are required to obtain the referral or prior authorization/certification for you, please notify our office 5 days prior to the specialist's visit or procedure so that we have ample time to acquire this information from your insurance company. Per office policy, we do not back date referrals or prior authorization/certification.

## **Medical Record Request**

All medical record requests must be received in our office 7-10 business days prior to the date needed. Our fee for copies of medical records is based on the number of pages. Medical records requested by physicians treating the patient are free of charge.

## **Refill Requests & Nurse Calls**

Please allow 3 business days for your refill request to be filled. Although we will try to return patient telephone request within 48 hrs, we ask that you kindly give our staff 72 hrs to return any requests. Please have the pharmacy fax the request to us at 352.259.7992. Most medication refills may require a follow-up visit with the physician. Antibiotics and pain medication will not be called in after hours. An appointment with the physician will be required to replace lost or misplaced prescriptions.

## **Completion of All Forms (to include by not limited to)**

Please notify our office 7-10 business days prior to the forms needing to be completed. The forms may be completed earlier than stated but please allow ample time for the completion of the forms. Our fee for completion of form is in our financial policy.

- FMLA, disability, life insurance forms
- Travel letters
- School forms
- Sports Physical forms
- Other miscellaneous administrative forms required by third parties other than your health insurance company

## **Managed Health Insurers**

We are pleased to meet the needs of our patients by enrolling with various managed care insurance programs. While we are able to provide you with this service, it is extremely difficult to keep track of all the individual insurance requirements of each plan. Even with the same insurance company, plans often may differ. Providing quality medical care for our patients is our primary concern, and we are more than willing to provide that care based on your insurance contract guidelines.

We request at each visit that you advise us of your guidelines. Unfortunately, if you do not inform us of any special requirements in your contract and subsequently provide services, or order services such as lab work or procedures that are not covered, the office will have no choice but to bill you directly for all said charges. All fees submitted and denied by your insurance carrier will become your responsibility.

With your cooperation, you should be able to receive all benefits offered by your insurance plan, and we will be able to concentrate on caring for your medical needs.