



TERRY L. FRANKLIN, M.D.

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## Office and Financial Policies

We would like to thank you for choosing Terry L. Franklin MD as your medical provider. Please keep this document for future reference.

Effective April 1, 2010 a copy of photo i.d. is required upon registration and or to obtain any medical documents from our office. This is in compliance with the recent passing of the Red Flags Rule by the Federal Trade Commission (FTC).

**Canceled Appointments:** If you are unable to keep your scheduled appointment, please give our office a 24 hour notice to reschedule your appointment. This will enable us time to use your slot for another patient and avoid a no show fee of \$35.

**If You Do Not Have Insurance:** Payment will be due at the time of service.

**We Do Not Treat:** Liability injury or Workers Compensation.

Auto Accidents are self pay only.

Billing and medical information will not be discussed with anyone except the patient which it concerns unless a medical release form has been signed.

**Insurance:** Please bring your insurance card with you at the time of your appointment. We will submit insurance claims for our patients. However, the agreement of this insurance carrier to pay medical care is a contract between you and the carrier. **You should direct any questions and/ or complaints regarding coverage to your insurance carrier, your employer (if on a group plan) or to your agent.** It is patient's responsibility to understand his/her medical benefits. It is patient's responsibility to supply our office with current insurance information. If your insurance changes it is your responsibility to inform our office.

**Payment Policy:** All co-payments are to be paid at the time of service. This is an insurance policy. If the co-pay is not paid at the time of service, you will be assessed a \$10.00 Late fee.

Account balances are due upon receipt of invoice. If you are unable to pay your account in full, we are willing to make the following payment arrangements:

Account balances between \$50-\$300 can be made in 3 monthly payments, with the initial payment due at the time of service.

Account balances between \$300-\$500 can be made in 4 monthly payments, with the initial payment due at the time of service.

Account balances greater than \$500 can be made in 5 monthly payments, with the initial payment due at the time of service.

Should you be unable to adhere to the above payment arrangements or unable to make a payment, we will be unable to schedule any appointments unless it is an emergency until payments are made.

**Collection Agency:** we refer all unpaid accounts over 120 days past due to a third party collection agency, unless the account has been approved for payment arrangements.

**Returned Checks:** A \$35.00 charge will be added to your account for any check returned by your bank for any reason.

**Forms:** There will be a minimum charge of \$25.00, depending on the length of the forms. Payment is due at the time that you pick up the forms. In some cases an appointment may be needed to complete forms. Please allow 5-7 working days for the completion of these forms.

**Medical Records:** We will provide you a copy of your medical records upon written request. You will first need to sign a medical records release form. Please allow 5-7 working days for us to copy your records. There will be a \$25.00 processing fee if you would like your records for yourself. Effective 11/1/14 if you would like your records transferred to another physician, we will supply a one-time courtesy copy, any additional requests will require a \$25.00 processing fee.

**Prescriptions:** Please allow 24-48 hours for prescription refills. An appointment will be required for any controlled medications, antibiotics or new prescriptions. Please be advised that you will need an appointment/examination each time you are requesting a controlled medication and these medications will not be given for any more than 30 days at a time. This appointment does not guarantee that a refill will be granted, refills are given at the providers discretion. If your insurance requires a prior authorization for a medication, please allow 48-72 hours for processing.

**Pain Management:** Please be advised that we are not pain management specialists, patients with chronic pain needing pain medications for greater than 90 days will be referred to pain management specialists for further evaluation/treatment.

**Scribe Services:** We often utilize an employee in the exam room and during virtual visits to document your visit. Please be aware this employee follows all HIPAA privacy practices and values your privacy, they are present only to document your visit and assist the provider.

I have read and understand the above office policies and all of my questions have been answered to my satisfaction.

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Patient Signature

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Date

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Witness Signature

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Date

