

Office Policy Agreement

Hampstead Family Medicine

144 Merchants Circle
Hampstead, NC 28443
910-803-0340

Burgaw Medical Center

311 South McNeil Street
Burgaw, NC 28425
910-259-3377

Thank you for choosing Hampstead Family Medicine/ Burgaw Medical Center for your healthcare needs. We strive to provide the best possible service to our patients. To make your visit as pleasant as possible and prevent future misunderstandings regarding appointments and billing, please read and familiarize yourself with the following policies and procedures.

- Office hours are Monday-Thursday, 8am-12:30pm and 1:30pm-5pm, Friday, 8am-12:30pm. For after hour emergencies please go to the closest emergency room.
- We ask that all patients complete paperwork prior to their scheduled appointment, if you are unable to obtain the paperwork prior to your appointment, please plan on arriving 30 minutes early to complete needed forms.
- Please bring **all** medical records from other providers which you have available.
- Please bring **all** medication bottles that you are currently taking to every visit.
- Please bring your most current insurance card to **every** visit.
- We update our patient demographics continually, including address, phone number, insurance, etc. Please be patient during this time.
- Please notify us if you are unable to keep your appointment as soon as possible, failure to provide notification will be considered a “No-show” fee, up to \$50.
- If you are more than 10 minutes late for your appointment, we will make every effort to work you in if the schedule permits, however you may be asked to reschedule for a later date.
- Patients will be seen in the following order: (1) Emergencies (2) Scheduled appointments (3) Work Ins for acute illness.
- Please be considerate if the office is running behind, emergencies occur, and each patient will be treated with the time and care it takes to address their problem, including you.
- Children under the age of 18 will require a parent or guardian present for treatment.
- Prescription refills will be provided at scheduled appointments in quantities sufficient to last until your next scheduled appointment. Please remind us at your appointment if you will need refills. If refills are needed before your appointment, please contact your pharmacy. They will send us a refill request and our providers will respond within 72 hours.
- At no time will controlled substance prescriptions be called in. You must be seen at scheduled appointments for refills.
- Termination of the physician-patient relationship can occur at the request of the patient or the physician when the relationship is no longer proceeding in a mutually productive manner. If you are dismissed from the practice, emergency care only will be provided for 30 days to allow appropriate time to find further providers. Circumstances that may result in dismissal from the practice include:
 - Noncompliance with treatment
 - Failure to keep appointments
 - Threatening, demanding or abusive behavior directed toward our staff, physicians, other healthcare providers or patients
 - Deceptive behavior
 - Medication abuse

- The patient leaves the practice
- Failure to pay consistent with policy listed
- The patient can request a copy of any/all records. However, we charge for this service and will be charged to the patient, insurance will not cover this cost.
 - 0-25 pages will cost 0.75 per page
 - 26-75 pages will cost 0.25 per page
 - 75 or more will be \$75.
- If you require hospitalization, please place us as your primary care so that we can receive the proper documentation of your stay.
- Forms will be completed by the provider as time allows at a charge of \$5.00 per page and will not exceed \$15. All paperwork will be completed within one week
- We participate with most major insurance plans. If you are unsure whether your insurance is one that we participate in, please call the member services for your insurance carrier.
- Please be aware that you are responsible for any portion of your bill that is not paid by your insurance company.
- We are obligated by contract to collect co-pays at the time of service, if you do not have your co-pay at time of appointment, services cannot be rendered.
- Insurance claims and appeals will be filed in a reasonable time frame and followed up on however if you are experiencing delays or difficulties with your insurance company in the payment of benefits, it is your responsibility to ensure your insurer abides by the plan you have.
- Patients will be responsible for any unpaid balance and notified of the balance monthly. At the end of 90 days unpaid balances will be turned over to a collection agency and the patient will be responsible for agency fees. Failure to remit payment on a past due account will result in dismissal from the practice.
- All returned checks will be subject to applicable fees.
- If you are un-insured payment is due at time of service. This includes any tests, injections, and blood work that may be needed.

I have read and understand the above policies, procedures and financial responsibilities, and agree to abide by this policy in exchange for quality medical care.

Patient's Name

Legal Guardian's Name

Signature of Patient or Legal Guardian

Date