



WELCOME!

Office Contact Information:

Sarasota (P) 941-365-0770

Bradenton (P) 941-567-4021

Venice (P) 941-484-4409

Welcome to the practice! We take great pride in our ability to provide a personalized approach to each patient. We appreciate the opportunity to participate in your rheumatologic care.

This packet will provide a brief overview of some of our office policies and what to expect in the coming weeks. Our staff is here to assist you with any questions you may have!

OUR SERVICES

We treat inflammatory arthritis, autoimmune, mixed connective tissue and other rheumatologic conditions. Every physician at Sarasota Arthritis Center is Board Certified in Rheumatology with extensive experience. To provide the most comprehensive care as possible, we offer the following services to our patients where appropriate:

- Infusion/Injection treatments
- Joint injections & Ultrasounds
- PRPs
- Bone Densities & MRIs (Extremities only)
- Drug Research Studies
- Quality care from a Board Certified Rheumatologist & their care team

Cancellation & No Show Policy

Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. Therefore, missed appointments ("no shows") are subject to a \$50.00 fee that is billed to the patient. Multiple "no shows" in a 12 month period can result in discharge from the practice.

IN THE KNOW : OFFICE POLICIES

Prescription Refills

Refills in general will be filled at every appointment with your doctor. You will be given enough to cover your needs until your next appointment. It is important that you keep your appointments with your doctor and complete any requested labs, or refill requests can be denied. Clinical staff has 48 hours to respond to all refill requests so it is important that you call well in advance of you running out of your medications.

When calling our practice for the following reasons, you will need to make an appointment with your doctor:

- Allergy or other reaction to your medication
- Intolerance to your medication
- You have a new planned procedure coming up
- Medication is denied by insurance/require change in treatment

In order to provide the best care possible, if you are experiencing any concerns, exacerbations of your disease (increase in symptoms), please try to call our office during normal business hours so that we may reach your doctor who knows you best.

Appointment - FAQs

We use a third party vendor called Phreesia to help our practice ensure we have all correct patient information, demographics, insurance and other important information on file for every visit. It is important that you complete the pre-registration paperwork prior to your appointments. Our Patient Care Coordinators are happy to assist you in completing the forms online should you need it!

To effectively prepare for your appointments we will always need the following:

- Pre-Registration paperwork completed via Phreesia
- Insurance cards and photo ID
- List of current medications
- Method of payment for any balances, copays, coinsurances and deductibles

Financial Policy

Balances, copays and coinsurances are generally collected at your visit. We offer an easy way to pay through Phreesia, as well as offer payment plans for applicable balances.

Should you have questions or concerns about your bill, our billing office is available Monday - Thursday from 8:00AM - 5:00PM at (941) 365-0770.

Radiology Tests

Most advanced imaging tests require an authorization from your insurance plan. These can often take time for your insurance to make a decision, typically around 5-7 business days, sometimes more if the test is more complex. When a radiology test is ordered by your doctor, our office will schedule you with our practice when applicable or refer you to another radiology facility. If your doctor orders an x-ray, those do not require an authorization. It is important to complete any radiology exams that your doctor has ordered as it can assist in diagnosis or obtaining medications for your treatment. Your results will be provided to you during your follow-up visit with your doctor.

Lab Tests

All lab tests should be completed at least 1 (one) week prior to your next appointment. Lab results are generally required to be eligible for medication refills. Lab results will be provided at your follow-up appointment with your doctor. Our office will not call with lab results unless the result is determined to be an emergency or critical under the discretion of your doctor.

Our practice advises you to always check with your insurance regarding the coverage of your lab tests ordered and the expected costs associated with them. We do our best to provide the coding necessary for your labs, however every insurance provides different coverage. If you have any questions regarding a lab test ordered, please talk to a Patient Care Coordinator when checking out.

Make sure to register for our patient portal! A quick and easy way to reach our office!

FINANCIAL POLICY

We have created this financial policy to communicate important financial aspects of our practice. Please read this policy thoroughly before your visit and contact our Billing Office should you have any questions or concerns. Our Billing Office is available Monday – Thursday from 8:00am – 5:00pm, and you may reach them by dialing (941) 365-0770.

Referrals and Prior Authorizations. We will send a referral request to your PCP for a referral if your insurance requires it, however it is your responsibility to make sure the referrals are received for the services provided within our practice. We will, however, obtain any of the required prior authorizations for treatment or services provided within our practice.

Insurance and Billing. We are pleased to bill your primary and secondary health care plans on your behalf. You are responsible for your co-pay at the time of check-in, any co-insurance at check-out, and your deductible will be collected prior to your next visit. We accept most insurance policies but please contact your insurance company to verify we are an in-network provider. Some plans have OON (out-of-network) benefits which result in a higher cost to the patient. The patient is responsible for any balances remaining after insurance has been billed. As the owner of the insurance policy, you are solely responsible for coverage policies under the plan and the accuracy of information on file.

Insurance Errors. If you believe your insurance company denied or processed a claim in error, please call us immediately. If your insurance company requires additional information from you, it is important to comply with their requests in a timely manner. If insurance denies a claim and determines balance is patient responsibility, the outstanding balance is billed to the patient and becomes the patient’s responsibility. Should you pay more than what you are responsible for, the overpayment will be returned to the patient via check within 5 business days of determination. If the patient wants to apply the overpayment as a credit towards another encounter, the patient may elect to do so at their discretion.

Paying Your Bill. For your convenience, we accept multiple forms of payment, including personal check, money order, and credit cards. Payment is accepted by phone, in person, by mail or you can pay online via our website www.arthritiscenters.net. We do not accept cash payments.

Ability to Pay. Account balances need to be paid in full by the statement due date. This includes “no show” balances and charges. If you have circumstances that limit your ability to pay, please contact a member of management at the location you are regularly seen. Under certain circumstances we have payment plans available. Please speak to a staff member if you want to look at this option. Failed attempts to contact patients about resolving their unpaid balances may lead to collections and/or discharge from the practice and its locations.

Accounts in Default. We will attempt to bill and collect from patients who are responsible for all or part of the cost of services provided by our providers. After 90 days, if you have not made a payment on the bill, we may initiate pre- collections by sending the patient a final notice to pay. If we decide it is unreasonable to try to collect balance, a certified letter discharging you from our practice will be sent, and the account referred to a collections agency.

Printed Name of Patient/Guardian/Legal Representative

Date of Birth (Month/Day/Year)

Signature of Patient/Guardian/Legal Representative

Date Signed (Month/Day/Year)

Prior Authorization Exception List



To continue to serve the needs of the majority of our patients, we are unable to complete the Prior Authorizations for the following medications:

- All NSAIDs (Non-Steroidal Anti-Inflammatory Drugs)
 - Aspirin (Disprin)
 - Ibuprofen (Nurofen)
 - Naproxen (Naprosyn)
 - Diclofenac (Voltaren)
 - Celecoxib (Celebrex)
- Diclofenac Gel/Solution (Voltaren Gel, Pennsaid)
- Folic Acid
- Vitamin D
- Cyclobenzaprine (All muscle relaxers)
- Tramadol
- Hydrocodone/Oxycodone (Percocet, Oxycontin)
- Lidocaine Patches
- Prednisone
- Pregabalin
- Duloxetine
- Methotrexate
- Hydroxychloroquine (Plaquenil)
- Acthar

Refer to these pharmacies offering coupons and discounts



www.goodrx.com



www.costplusdrugs.com

SUMMARY OF THE FLORIDA PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Florida Law requires that your healthcare provider or healthcare facility recognize your rights while you are receiving medical care and that you respect the healthcare provider's or healthcare facility's right to expect certain behavior on the part of the patients. You may request a copy of the full text of this law from your health care provider or health care facility.

A summary of your rights and responsibilities are as follows:

- A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with the protection of their need for privacy.
- A patient has the right to respond promptly and reasonably to questions and requests.
- A patient has the right to know who is providing medical services and who is responsible for his or her care.
- A patient has the right to know what support services are available, including whether an interpreter is available if he or she does not speak English.
- A patient has the right to know what rules and regulations apply to his or her conduct.
- A patient has the right to be given information by the health care provider concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- A patient has the right to refuse treatment except as otherwise provided by law.
- A patient has the right to be given, upon request, complete information, and necessary counseling on the availability of known financial resources for his or her care.
- A patient eligible for Medicare has the right to know whether the healthcare provider or healthcare facility accepts the Medicare assignment rate upon request and in advance of treatment.
- A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- A patient has the right to receive a copy of a reasonably clear and understandable itemized bill and, upon request, to have the charges explained.
- A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or payment source.
- A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- A patient has the right to know if medical treatment is for the purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the healthcare provider or healthcare facility which served him or her and to the appropriate state licensing agency.

As a patient, you are responsible for:

- A patient is responsible for providing to the healthcare provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- A patient is responsible for reporting unexpected changes in his or her condition to the healthcare provider.
- A patient is responsible for reporting to the healthcare provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- A patient is responsible for following the treatment plan the health care provider recommends.
- A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, notifying the healthcare provider or healthcare facility.
- A patient is responsible for his or her actions if he or she refuses treatment or does not follow the healthcare provider's instructions.
- A patient is responsible for assuring the financial obligations of his or her healthcare are fulfilled as promptly as possible.
- A patient is responsible for following Sarasota Arthritis Center rules and regulations affecting patient care and conduct.

For more information, contact:

Florida Agency for Health Care Administration

Medical Quality Assurance Consumer Services

2727 Mahan Drive

Tallahassee, FL 32310

Phone# (888) 419-3456

