Bristol Primary Care LLC
Financial Policy & Patient Responsibility Notice

At this office of Bristol Primary Care, we strive to provide you with the best care experience possible. In order to provide the best care to all of our patients, we have instilled office policies and procedures to help the office run both efficiently and smoothly. Please review and sign the following policies and procedure for this office.

This is an agreement between Bristol Primary Care LLC and the Patient named on this form. In the agreement the words "you," "your," and "yours" mean the Patient. The word "account" means the account that has been established in your name to which charges and services are rendered. The words "we," "us," and "our" refers to Bristol Primary Care LLC.

By executing this agreement, you are agreeing to all services that are rendered.

Monthly Statement: If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, and any payment or credits applied to your account during the month.

Payments: Unless other arrangements are approved by us, the balance on your statement is due and payable in full when the statement is issued. To expedite payment and for your convenience, we accept cash, check and credit cards (MasterCard, Visa, Discover & AMEX)

Required Payments: Any co-pays required by an insurance company **must be paid at the time of service**. If you are unable to pay for your co-pay at time of service, we will only bill your co-pay **one** time as a courtesy.

Returned Checks: There is a fee (currently $35.00) for any checks returned by the bank. Please note this fee can change according to the bank.

Contracted Insurance: Insurance is a contract between you and your insurance company. If we are contracted with your insurance company, we must follow our contract and their requirements. If you have a co-pay or deductible, you must pay that at the time of service. It is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance.

Non-contracted Insurance/Out of Network: Insurance is a contract between you and your insurance company. If you have insurance coverage under a plan in which we do not have a contract, you will be treated as a cash pay patient. **FULL** payment is due at the time of service.

Missed Appointment fee (No Call/No Show): Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to appointment. The charge is $50.00 for missed appointments (No Call/No Show). This charge is not covered by insurance and will not be billed to your insurance.

Medication Refills: For our patients that are on medications, we kindly ask you to call our office directly to request medication refills. Requesting refills directly from our office will help us keep better track of your last refill date to ensure you are not undertaking or overtaking your medications. If our office is closed, you are more than welcome to leave a message with our answering service and you will be directed for emergency or non-emergent options.

Reasons for Discharge: At Bristol Primary Care our goal is to provide safe and effective care where there is a satisfactory physician/patient relationship where both parties participate willingly. When a patient is non-compliant with their health care considerations, the doctor may discharge you from the practice so that you can receive care elsewhere where your needs may be better served. Please note that being discharged is not a personal decision, but a professional and medical decision that the doctor feels would best benefit you.

Some other grounds for discharge include but are not limited to: an outstanding balance, rude and disorderly conduct, abusing prescription drugs, multiple missed appointments and non-compliance.

If you are discharged from the practice, you will receive a letter via certified mail informing you of your discharge, youwill then have 30 days from the date of the letter to find a new physician. Until then, we will only be able to provide you emergency care and some medication refills. We will not be able to provide elective care (i.e. physicals, flu shots, follow-ups, etc.).

Narcotics Policy: At Bristol Primary Care we prescribe narcotic medication very carefully. That's because abuse of prescription narcotics has exploded into a national epidemic. In fact, accidental death from overdose of prescription narcotics now exceeds that of heroin and cocaine combined.

For our patients' safety, Dr. Patel will evaluate each patient's situation and develop a pain management plan that considers all available pain relief options, including physical therapy, chiropractic care, non-narcotic pain medication, or behavioral healthcare.

Patients who are prescribed narcotics **MUST SIGN** a ***"Controlled Substance Agreement Form",*** which explains the responsibilities of both the physician and the patient. In addition, we require periodic random urine drug testing for other drugs (including illegal or unauthorized prescription drugs) that may cause dangerous interactions. This helps to ensure that patients are safe and that we are in compliance with the state's strict prescribing guidelines.

New patient to Bristol Primary Care who report chronic pain or have been prescribed narcotic pain medication in the past by other doctors will be carefully evaluated by Dr. Patel to determine the best course of treatment. Therefore, we ask new patients to understand that previous use of narcotic pain medication does not mean that these medications will automatically be prescribed or renewed. Patients felt to be at risk for withdrawal from chronic narcotic use may be counseled to seek care at a drug detox center. Our goal is always to provide patients with the safest and most appropriate care. We ask for our patient's assistance in ensuring the proper use of narcotic medication.

Effective Date: Once you have signed this agreement, you agree to all of the term and conditions contained herein and the agreement will be in full force and effect.

Patient's Name: _____

Responsible Party (if not the patient):_____

Signature:_____Date: _____

Bristol Primary Care LLC
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