

CosmeticGyn Center

OTTO HUERTAS MD PA

7557 Rambler Road Suite 100, Dallas Texas 75231

Phone: 972.279.9000 Fax: 972.279.9008

OFFICE POLICIES

OUR PHILOSOPHY

We are committed to our mission **“To provide distinctive healthcare for today’s women needs and empower them with knowledge, choices and alternatives to enhance their well being”** and also we are committed to remain accessible to our patients as possible. This is why we accept many commercial health insurance programs. Our staff will do its best to verify your insurance coverage and benefits, then file a claim directly to the plan. If your services are not covered by health plan or we cannot verify coverage, we will expect payment of services at the time of service.

OFFICE HOURS

Our normal office hours are 9:00 am to 5:00 pm Monday through Thursday and 9:00 am to 4:00 pm on Fridays. We go for lunch from 1:00 pm to 2:00 pm Monday through Friday.

RECEPTION AREA

In an effort to provide healthy environment, smoking is not permitted throughout the office. **Seating is limited and therefore we ask that only one guest accompany you on an office visit.**

Although we love your children, because of the high incidence of contagious infections, we request that no children be brought to the office. We understand this policy can be inconvenient at times; we appreciate your cooperation and consideration to others.

APPOINTMENTS

We are looking forward to scheduling your appointment. **We try our best to see patients on schedule. Please remember that a medical practice is not like any other business. Some of our patients require more time and attention than other patients with less complex problems. We also have to take care of patient emergencies when they arise, and these problems must have priority over routine appointments. Emergencies also include some phone calls from hospitals, other doctors, and/or patients.**

We do not practice “Doc-in-a-box” type medicine and cannot always be exactly on schedule although we try our best. Whenever we are off schedule, it is because of something that involves the care of another patient. We assume that you and your family would expect extra time and care also should that urgent need arise, even though it might make other patients have to wait longer than desired for their appointment. Please try to bear with us if we cannot always be on time. Please be assured we are giving each patient quality time with us.

APPOINTMENT CANCELLATIONS AND NO SHOWS

If you are unable to keep your appointment, we ask that you contact us as soon as possible to make other arrangements so that other patients may use this time. **Please notify our office of any appointment cancellations at least 24 hours in advance by calling the office.** Failure to do so will result in a \$50.00 fee for any appointments or cancellations made on the same day. Voice mail messages received after hours, weekends or holidays to cancel or reschedule an appointment the following business day **will be considered a no show. We reserve the right to charge you (not your insurance company) for a missed appointment. If you cancel your appointment with less than 24hr notice, the fee is \$25. If you miss your appointment without any notice the fee is \$50.** Please be aware that insurance companies will not cover this expense. We place great effort in seeing our patients on time; however, maintaining a timely schedule also requires the cooperation and prompt arrival of our patients for their appointments.

We required keeping an active credit/debit card on file from all patients prior to scheduling any follow up appointments. In case of a declined card, you will be given 48 hours to provide alternative payment. If a payment is not made, an additional processing fee of \$15.00 will be added to your bill and mailed to you. If you choose not to put a credit/debit card on file, you will be asked to put a \$50.00 deposit on your account.

ALL PATIENTS

Insurance card(s) and proof of identification must be presented when you arrive to the office for your appointment in order for us to verify your insurance eligibility. If your address is different than the one showing in your ID or DL, you will have to provide a second form of ID. Patients who have only one or neither of these documents can choose to reschedule or keep their appointment. If the appointment is kept, you will be a “self-pay” patient and payment will need to be made in full for services rendered. Patients who opt to be billed as “self-pay” and later present their insurance, we will not bill the insurance carrier for services already rendered and we will not reimburse any money to the patient.

Payment for all applicable co-payment, deductible, or co-insurance amounts is expected at the time of service.

It is your responsibility to notify CosmeticGyn Center/Otto Huertas MD PA of any changes to your insurance policy, mailing address or telephone numbers.

INSURANCE AFFILIATION

Your insurance is a contract between you, your employer and the insurance company. We are not part of that contract.

Our staff will do it's very best to verify your insurance coverage and benefits prior to your appointment, then afterwards file a claim directly to the plan. If the services are not covered by your health care plan or we cannot verify coverage, we will expect payment for our services prior to or at the time of your appointment.

CosmeticGyn Center/Otoniel Huertas, M.D. is a participant in many managed care programs which require members to pay a co-payment for an office visit. The co-payment is expected at the time you are greeted for your visit. As these contracts are frequently reviewed and changed, we will ask to see your insurance ID card at each visit. Our office verifies your benefits at each appointment, so please bring the most current insurance information each time you come in. If you cannot provide current verifiable coverage, payment in full will be required prior to services rendered. If you cannot make full payment at that time, we will reschedule your visit for another day. Financing options are not available for office co-payments or regular office charges.

Most insurance policies stipulate a deductible or coinsurance for major procedures or surgeries which must be honored prior to your procedure. “Non covered” means that a service will not be paid under your insurance contract. If non-covered services are provided, payment for these services will be expected at the time of or prior to the service being rendered. We would be happy to assist you with the appeal process with your insurance. **We will not under any circumstances falsify or change a diagnosis or symptom in order to convince an insurer to “pay” for care that is not covered.**

After we file the claim, Explanations of Benefits (EOBs) will be sent to our office and to yourself, which will reflect how your provider processed the claim, how they applied your deductible, and how much your coinsurance would be. If you overpaid, you can expect a prompt reimbursement from our office, but if you underpaid we will expect that reimbursement promptly as well.

Please note that because of the large number of plans with which we must work and the fact that each plan is different, it is your responsibility to determine whether or not you need to obtain a referral from your primary care physician. **It is also the patient's responsibility to make sure Dr. Huertas is in or out of network with your insurance plan. It is also the patient's responsibility to know their general benefits for co-pays, deductibles and coinsurance.**

SURGICAL PROCEDURES (office and hospital)

You will be given an estimate of the fees for these services, based on the physician's fee schedule, what your deductible, co-insurance is and at what percentage your insurance company covers for such services. **This is only an estimate. This estimate is for the physician's fees only.** You will be expected to pay, in full, the amount that is not going to be covered by your insurance. If you cancel or miss your pre-op appointment and do not reschedule, your surgery will be cancelled and we will have the right to discontinue your care with CosmeticGyn Center/Otto Huertas MD PA due to medical liability reasons.

There will be a \$250 non-refundable fee for ALL canceled surgeries.

It is critical to show on time for your scheduled surgical procedures, if you arrive late for your appointment you may be asked to reschedule and a \$100 fee will be applied.

LABORATORY, RADIOLOGY AND OTHER DIAGNOSTIC SERVICES

Please check with your insurance company to verify what your insurance benefits allow for laboratory, well woman blood work, mammogram etc. The doctor may order these during your visit. These services are billed separately by the laboratory that does these tests and are not covered by payments that you make to us. **Any insurance claim disputes associated with a laboratory must be dealt with through that billing agent.**

FEES AND PAYMENT RESPONSIBILITY

Our fees are based on the usual and customary professional fees for a gynecologist in the Dallas area. The patient or her legal representative is the ultimately responsible for all charges or services rendered. For services not covered by insurance we accept cash or credit/debit card.

After insurance has paid your claim, all outstanding balances are payable in full upon receipt of statement. If insurance has denied payment; payment is due in full upon receipt of statement. If you are expecting financial difficulty, please let us know this **prior** to services being rendered. Under special circumstances, payment arrangements can be made. Our office can set this up for you as a courtesy and you will be sent a monthly statement. However, it is your responsibility to know your monthly due date and the amount due. If you fail to make your monthly payment, CosmeticGyn Center/Otto Huertas MD PA has the right to send the account to an outside agency for collections.

We do not bill insurance for weight loss consultation, pellet therapy, liposuction, tummy tuck, vaginal rejuvenation, or any other cosmetic procedures putting the financial responsibility to the patient.

REFUNDS

Refunds are issued to the appropriate party. Patient refunds will not be processed until all active or past due charges are paid in full. Amounts less than \$50 will remain as a credit on your account and it can be refunded at your request.

TELEPHONE CONSULTATIONS

Many questions or concerns can be addressed and answered by the office nurse. However, if she feels that the matter requires further attention or if the patient would like to speak directly with Dr. Huertas, we request that the patient schedule an in-office consultation.

REFERRALS

Please note that because of the large number of plans with which we must work and the fact that each plan is different, it is your responsibility to determine whether or not you need to obtain a referral from your primary care physician.

DISABILITY FORMS AND MEDICAL RECORDS FEES

There is a \$25 fee for the review and completion of any insurance or disability forms (FMLA/Short Term Disability). This fee is billed directly to you (not your insurance company) and should be paid prior to the completion of the forms. **Please allow 7-10 business days for the paperwork to be completed.**

The release of your medical records is done only with your written consent. There is a charge to release your medical records. Please be aware the American Medical Association has recommended the following schedule for copies of medical records: \$25 for the first 20 sheets copied, then \$.50 per sheet over 20. We will forward medical records to another physician at no charge.

PRESCRIPTIONS AND REFILLS

Please attempt to request new prescriptions or refills at your appointment time. If you need a medication refill between appointments, please instruct your pharmacist to fax our office your refill request at 972-279-9008. A new medication will likely require a visit with the physician. Medications will not be filled after hours. Please keep the office updated with your current pharmacy information for the most efficient refill services. Keep in mind that many pharmacies do not routinely carry all prescription drugs. Therefore, try to call for a refill a few days prior to taking your last dose to give the pharmacy a chance to order the drug. If you need to call the office for requests or refills, try to call during office hours as we must review your medical chart. Please have your pharmacy phone number available.

There is a charge of \$50 for rewriting or reissuing prescriptions.

EMERGENCY CARE

If you have an urgent medical situation, dial 911 or proceed to the nearest emergency room. If you have any questions or concerns during regular office hours please call us to give you an advice.

Post-surgery patients are provided with doctor Huertas after hour pager number for emergency questions or concerns. Like anyone else, a physician has to be away or out of the city occasionally; at such times you may be assured that another qualified physician will be on call.

CONFIDENTIALITY

Because we are HIPAA compliance your medical information is strictly confidential. We will not release it to anyone without your written consent.

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NOTICE OF PRIVACY POLICIES AND PRACTICES

DEAR PATIENT:

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

INTRODUCTION

At CosmeticGyn Center/Otto Huertas MD PA we are committed to treat and use protected health information about you responsibly. This Notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective as of April 2006 and applies to all protected health information as defined by federal regulations.

UNDERSTANDING YOUR MEDICAL RECORD / HEALTH INFORMATION

Each time you visit CosmeticGyn Center/Otto Huertas MD PA a record of your visit is made. Typically, this record contains information about your visit including your examination, diagnosis, test results, treatment as well as other pertinent healthcare data. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication with other health professionals involved in your care.
- Legal document outlining and describing the care you received.
- A tool that you or another payer (your insurance company) will use to verify that services billed was actually provided.
- An education tool for medical health providers.
- A source for medical research.
- Basis for public health officials who might use this information to assess and/or improve state as well as national healthcare standards.
- A source of data for planning and / or marketing.
- A tool that we can reference to ensure the highest quality of care and patient satisfaction.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, determine what entities have access to your health information, and make an informed decision when authorizing the disclosure of this information to other individuals.

YOUR RIGHTS

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

OUR RESPONSIBILITIES

CosmeticGyn Center/Otto Huertas MD PA is required to:

- Maintain the privacy of your health information.
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a request restriction.
- Accommodate reasonable requests you may have regarding communication of health information via alternative means and/locations.

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a **written** revocation of the authorization.

HOW WE MAY USE AND/OR DISCLOSE YOUR HEALTH INFORMATION

We will use your health information for treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example: results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

We will use your information for payment. Your health plan may request and receive information on dates of services, the services provided, and the medical condition being treated in order to pay for the service rendered to you.

We will use your information for regular health operation. Your health information may be used as necessary to support the day-to-day activities and management of CosmeticGyn Center/Otto Huertas MD PA. For example: information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Business Associates. In some instances, we have contracted separate entities to provide services for us. These “associates” require your health information in order to accomplish the tasks that we ask them to provide. Some examples of these “business associates” might be a billing service, collection agency, answering services and computer software/hardware provider.

Communication with family. Due to the nature of our field, we will use our best judgment when disclosing health information to a family member, other relatives, or any other person that is involved in your care or that you have authorized to receive this information. Please inform the practice when you do not wish a family member or other individual to have authorization to receive your information.

Research / Teaching / Training. We may use your information for the purpose of research, teaching, and training.

Healthcare Oversight. Federal law requires us to release your information to an appropriate health oversight agency, public health authority or attorney, or other federal/state appointee if there are circumstances that require us to do so.

Public health reporting. Your health information may be disclosed to public health agencies as required by law.

Law enforcement. Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Appointment reminders. The practice may use your information to remind you about upcoming appointments. Typically, appointment reminders are sent by text, phone call and mail in a closed envelope, or, a brief, non-specific message be left on your answering machine. If you don't approve of these methods please inform the practice.

Electronic disclosure. Texas law requires that we provide you with notice that your PHI is subject to electronic disclosure. Please note that we may use and disclose your medical information electronically.

Other uses and disclosures. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have complaints, questions or would like additional information regarding this notice or the privacy practices of CosmeticGyn Center/Otto Huertas MD PA please contact:

**PRIVACY OFFICIAL
COSMETICGYN CENTER
7557 RAMBLER ROAD SUITE 100
DALLAS, TEXAS 75231
P 972.279.9000**

If you believe that your privacy rights have been violated, please contact the aforementioned practice Privacy Official, or, you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the practice's Privacy Official or with the Office for Civil Rights. The address for the Office for Civil Rights is listed below:

**OFFICE FOR CIVIL RIGHTS
U.S. Department of Health and Human Services
1301 Young St., Suite 1169
Dallas, Texas 75202
P 800.368.1019
F 214.767.0432**

An additional copy of this notice is available upon request