

### **Missed Appointment Fee Policy**

It is the policy of Romeo Medical Clinic to charge a fee of \$25.00 to all patients of the Family Practice Clinic for any missed appointments.

It is the patients responsibility to notify Romeo Medical Clinic Family Practice 24 hours in advance when they can not make pre-scheduled appointments and need to cancel.

If a patient fails to cancel a pre-scheduled appointment 24 hours in advance or a patient does not show up to his/her pre-scheduled appointment, Romeo Medical Clinic will charge the patient a \$25.00 no show fee. If a patient is more than 15 minutes late Romeo Medical Clinic has the right to cancel your appointment and you will be charged the \$25.00 no show fee.

### **Payment Policy**

#### *Patient Payment Policy*

If the your insurance requires that you pay a co-payment for medical visits, the co-payments are required to be paid at the time of the visit. Romeo Medical Clinic will accept VISA or Master Card as well as cash for co-payments. Some insurance plans require that the you pay a deductible or a percentage of the fees for the services provided. All allowable balances after the insurance has been billed appropriately will be billed directly to the patients. The balances on the your accounts include deductibles, patients' percentages, denials, insurance terminations and services that are not covered by insurance. Statements will be sent out by the financial department of Romeo Medical Clinic at least monthly. Romeo Medical Clinic will accept VISA or Master Card as well as personal checks for these balances. Private pay patients are required to pay for their services in full at the time of visit.

#### *Return Check Policy*

Romeo Medical Clinic's policy on checks returned due to insufficient funds will be to charge a \$25.00 processing fee. In addition, the patient or client may not pay the balance and additional processing fee with a check. Romeo Medical Clinic will only accept VISA or Master Card as well as cash for these payments. In the event that Romeo Medical Clinic receives a second returned check from the same patient or client, he/she will no longer be allowed to pay with checks for services.

#### *Payment Plans and Collections*

In its sole discretion, Romeo Medical Clinic will work with you to establish a payment plan in an attempt to not create undue hardships for either party. Romeo Medical Clinic requests that you contact the financial department in advance for such arrangements to be made. Consideration will be made on a case by case basis. Accounts are past due after 30 days. Collections on accounts are performed on a case by case basis after the account is more than 90 days past due.

### **Office Hours and After Hours Policy**

#### *Regular Office Hours Policy*

Romeo Medical Clinic will inform all patients of the regular weekday office hours at their initial visit to the clinic. Office hour information is also available for viewing by the patients on the website

[www.romeoclinic.com](http://www.romeoclinic.com).

During regular office hours of Monday through Friday from 8:00am to 5:00pm questions regarding home care, status of care and appointments will be handled by the Romeo Medical Staff. All physician visits during the regular office hours are on an appointment basis. All phone calls received during regular business hours will be taken by the receptionist and forwarded to the appropriate staff member of Romeo Medical Clinic.

#### *After-hours Policy*

Romeo Medical Clinic offers one Acute Care clinic day to meet the needs of the patients during after-hours. The clinic is open on Sundays at 10:00 a.m. for acute illness appointments only. Patients are informed of the Sunday clinic hours at their initial visit to the Romeo Medical Clinic. After hour information is also available for viewing by the patients on the website

[www.romeoclinic.com](http://www.romeoclinic.com).

During after-hours when the Romeo Medical Clinic is not open to patients all incoming phone calls will be prompted to a personalized triage system. Patients who need immediate emergency care are informed that the office is currently closed and they are instructed to hang up and dial "911". If a patient is unsure about the severity of their illness or injury the system will prompt them to dial "1" to speak to an on-call physician. If the patient needs to speak to the office staff regarding other matters such as scheduling, billing or other services patients are instructed to call back during normal business hours: Monday thru Friday 8:00am to 5:00pm.



## A PATIENT GUIDE

## ROMEO MEDICAL CLINIC'S POLICIES AND PROCEDURES

Romeo Medical Clinic  
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## **Patients Rights and Responsibilities**

1. Patients have the right to considerate and respectful care.
2. Patients have the right to actively participate in decisions regarding medical care and to refuse treatment to the extent permitted by law.
3. Patients have the right to privacy concerning their own medical care and to expect that all communications and records pertaining to their care will be treated as confidential and should be conducted discreetly. Staff not directly involved in the patients care should have the permission of the patient to be present.
4. Patients have the right to receive information necessary to give them consent prior to any procedure or treatment.
5. Patients have the right to examine and receive an explanation of their bill regardless of the source of payment. They also have the right to know fees for specific services provided by Romeo Medical Clinic.
6. Patient have the right to know what Romeo Medical Clinic rules and regulations apply to their conduct as a patient and to know provisions for after-hours and emergency care.
7. Patients have responsibility to provide accurate and complete information regarding past and present health concerns.
8. Patients are responsible for following the recommended treatment(s).
9. Patients are responsible for promptly fulfilling the financial obligations of health care.
10. Patients' rights and responsibilities apply also to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
11. Patients have the right to all information concerning their diagnosis, evaluation, treatment and prognosis. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient or to a legally authorized person.
12. Patients have the right to refuse to participate in experimental research.
13. Patients have the right to change provider to any other available provider.
14. Patients are responsible for providing a responsible adult to transport them home from Romeo Medical Clinic.
15. Patients are required to be respectful to all healthcare providers and staff of Romeo Medical Clinic as well as other patients

## **Advance Directives Policy**

It is the policy of Romeo Medical Clinic to provide all adult patients with information regarding Romeo Medical Clinic's policies on advance directives.

## **Complaint / Grievance Policy**

Patients have the right to register complaints without fear of retribution, have their complaints investigated and resolved, and be provided timely follow-up. Patients will be advised that presentation of a complaint will not compromise continued care or access to care in the future.

## **Identity Theft Prevention and Detection**

It is the policy of Romeo Medical Clinic to follow all federal and state laws and reporting requirements regarding identity theft. Specifically, this policy outlines how Romeo Medical Clinic will (1) identify, (2) detect and (3) respond to "red flags". It is the policy of Romeo Medical Clinic that, pursuant to the existing HIPAA Security Rule, appropriate physical administrative and technical safeguards will be in place to reasonably safeguard protected health information and sensitive information related to patient identity from any intentional or unintentional use of disclosure.

## **Services and Fees Policy**

It is the policy of Romeo Medical Clinic to provide patients and/or clients with a list of all services available as well as the fees for these services when requested. Romeo Medical Clinic offers multiple services. There is a standard fee schedule assigned to these services that is created, maintained and update at least annually by the financial department. The services and fees for services are available in print for patients and clients when requested.

## **Forms and Medical Records**

It is the policy of Romeo Medical Clinic that a fee will be charge for any forms requiring completion by a physician and/or office staff or a physicians signature. Romeo Medical Clinic will also charge a fee for medical record requests. The fee for these services will range from \$10.00 to \$25.00 + at the discretion of Romeo Medical Clinic staff. Any forms that require a physician's signature need a 72 hour business day turn around time. For all medical record requests, please allow 5 business days.

## **HIPAA Privacy Rights**

We are required by applicable federal and state law, including the Health Insurance Portability Accountability Act of 1996 (HIPAA), to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning you medical information. We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. We may use and disclose medical information about you for the following purposes; treatment, payment and health care operations. Treatment: We may use your medical information to treat you or disclose your medical information to a physician or other health care provider providing treatment to you. Payment: We may use and disclose your medical information to obtain payment for services we provide you. Health Care Operations: We may use and disclose your medical information in connection with the normal course of operating our practice. Health care operations may also include quality assessment activities, performance evaluations, conducting training , programs, accreditation certification, licensing or credentialing activities. We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. Any other uses and disclosures of your medical information will only be made with your written authorization or in response to legal requirements such as disaster relief, court orders, suspected abuse, neglect, domestic violence, or in certain instances affecting national security. You have the following rights with respect to your protected health information which you may exercise by written request using the contact information at the end of this notice: The right to request additional restrictions on the use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement which must be in writing. The right to inspect and copy your protected health information. The right to request amendments to your protected health information. The right to receive an accounting of disclosures of your personal health information for other than treatment, payment health care operations or pursuant to other authorized disclosures as stated above. If you are concerned that we have violated your privacy rights, or you disagree with a decision we have made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you may contact us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. .