Welcome to the Frisco Center for Internal Medicine! We are so pleased to have you as our patient. Our practice is committed to providing the best treatment to our patients.

Dr. Neela Shah, MD and Dr. Maria-Raquel Weaver, MD are board certified physicians in Internal Medicine. Internists are specialists with extensive training in the diagnosis and treatment of medical issues in adults. As your internist, they can provide you with your annual wellness exam, screening for diseases such as breast, prostate and colon cancer, as well as determine your risk for cardiovascular disease. In addition to treatment of acute illnesses such as the flu and colds, we also manage chronic illnesses like asthma, high blood pressure, diabetes and elevated cholesterol. The physicians will coordinate your care with other specialists when additional care is needed.

Frisco Center for Internal Medicine provides quality care to its patients, in a friendly and professional environment. The office draws labs on-site to help manage all of your health needs at one location. This facility also embraces an "open access policy" which means we reserve same day appointment times for patients who are sick "today." We don't think you should have to wait to be seen for a sore throat or fever.

The following pages contain information about our office policies and procedures. Please review them and feel free to ask any questions you may have.

Sincerely,

Dr. Shah, Dr. Weaver & Staff

12500 Lebanon Rd, Suite 103, Frisco Texas 75035 P 214.297.0297 F 214.297.0298
www.FriscoCenterIM.com

Frisco Center for INTERNAL MEDICINE

Office Policies

It is our goal to provide all of our patients with the best service possible. We know that your time is valuable, and we respect that. Below is a copy of our office policies, please take the time to read them and become familiar with them. We appreciate your consideration in complying with these policies, as adhering to them will allow us to better care for your needs.

HOURS:
We are open from Monday through Friday from 8am to 5pm. We close for lunch from 12:30pm to 1:30pm daily. We are closed on Saturday and Sunday. You can contact a physician after hours for urgent needs only.

APPOINTMENTS:
We see patients by appointment only. Any patient arriving late for an appointment will be asked to either reschedule or wait until the physician can work you in. This is to help keep patients seen as close to their scheduled appointment time as possible. If you cannot keep your appointment, you will need to reschedule your appointment 24 hours in advance. This will allow us to schedule another patient in that time slot. If any appointment is no-showed, cancelled with less than 24 hours notice or rescheduled due to late arrival, a $35.00 charge may be billed to your account. This charge is not payable by your insurance company. If multiple appointments are missed and we identify a problem with you keeping appointments, we will not be able to provide care for you at this office. Please bring your current insurance card and a list of your medications (prescription and over-the-counter) including dosage and directions, to each appointment. Remember to see the front desk staff to check out before leaving the office to schedule your next appointment.

WALK-INS:
We see patients by appointment only. If you have an urgent matter, please call the clinic to be worked in for a same day appointment. Any patient who arrives without an appointment will be triaged by one of our clinical staff to decide the correct course of action. Only urgent issues will be addressed at your visit. If you are having other, non-urgent concerns, you will need to make another appointment to address them.

LABS / IMAGING/ DIAGNOSTIC TESTING:
Lab work is drawn from 8am to 4:45pm every weekday on-site, by appointment only. If you have an appointment for labs only, please check in at the front desk. Some tests may take up to ten days to receive results back. Please call the office if you have not received a report in ten days. We will help patients facilitate scheduling any imaging or diagnostic tests that they need. Please let us know if you need to use a specific lab facility, imaging center or diagnostic center and we will make the necessary arrangements. It is the patient's responsibility to know which lab facilities, imaging centers and diagnostic centers are in-network for your insurance plan and if any deductibles or co-insurance costs apply to you.

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REFILLS:
Prescriptions are refilled during office hours only. For refills through your pharmacy, please have them fax requests to 214.297.0298. Please allow 48-72 hours for refill requests to be done. Please bring a list of what medications you need refilled to each appointment to help facilitate this process.

SAMPLES:
The physician may give samples at the time of your visit in order for you to try a new medication. We do not routinely provide samples for your standard medications, but will gladly call in refills for you.

REQUESTS FOR MEDICAL RECORDS AND FORMS:
If you need your medical records or if you wish to have a copy sent to another physician, we will be happy to make these available. Please allow fifteen business days for records request to be processed. There may be a $25 charge for the completion of FMLA, disability and other forms. Since insurance companies do not cover this service, this charge is your responsibility. Payment is due at the time the forms or requests are dropped off at the clinic.

REFERRALS AND PRE-CERTIFICATIONS:
Your insurance may require a referral from your physician in order for you to see a specialist. Your insurance may also require a pre-certification of office or outpatient service or a prior authorization for certain medications. Our staff is trained to help our patients through this process and will answer any questions you may have, but it is still your responsibility to know your insurance plan benefits. Please allow 5-7 days for this to be completed.

FEES:
All co-pays, co-insurances and deductibles are due at the time of your visit. It is your responsibility to make sure that our providers are on your specific plan and in-network for you. If we are on your medical insurance, we will gladly file the claim for you. If we are not, a copy of your bill will be given to you, to assist you in filing the claim. Our billing office is located in Dallas and can be reached at 972.792.5700 or 469.608.8571 if you need assistance. We accept cash, check, Visa, MasterCard and Discover.

INCLEMENT WEATHER:
In the event of inclement weather, we will make every attempt to notify you as soon as possible if our office will be closed. We typically follow the Frisco Independent School District (FISD) guidelines/recommendations for inclement weather closings. If you have not heard from us, please call the office at 214.297.0297.

EMERGENCIES:
If you have a true medical emergency, call 911 or go to the nearest Emergency Center. Ask them to contact our office at 214.297.0297.

Payment Policies

Thank you for choosing Frisco Center for Internal Medicine. We are committed to providing quality and affordable healthcare. Because some of our patients have had questions regarding patient and insurance responsibilities for services rendered, we have developed this payment policy. Our billing office is located in Dallas and can be reached at 972.792.5700 or 469.608.8571 if you need assistance.

INSURANCE:

We participate in most insurance plans, including Medicare. Please bring your up-to-date insurance card with you to each visit. It is your responsibility to make sure that our providers are on your specific plan and in-network for you. If you are insured by a plan we accept, but do not have an up-to-date insurance card, payment in full is required until we can verify your insurance coverage. If you are not insured by a plan we do business with, payment is required in full at each visit. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

PROOF OF INSURANCE:

We must obtain a copy of your driver's license and a current valid insurance card to provide proof of insurance. If your health insurance changes, please notify us before your next visit so we can make the appropriate changes to help you maximize your benefits. If you fail to provide us with the correct insurance information in a timely manner, you will be responsible for the balance of the claim.

CO-PAYMENTS, CO-INSURANCE & DEDUCTIBLES:

All co-payments, co-insurance and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments, co-insurance and deductibles from patients can be considered fraud. Please be aware that your insurance company may require a second co-pay if you address other problems during a physical exam or at the same time you have a procedure scheduled. We accept cash, check, Visa, MasterCard and Discover.

CLAIM SUBMISSION:

We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly to them. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefits are a contract between you and your insurance company; we are not party to that contract. While we are pleased to be of service by filing your medical insurance for you, we are not responsible for any limitations in coverage that may be included in your plan. If your health plan denies a claim for any reason, our office cannot be responsible for that bill. It is your responsibility as the patient to pay the denied amounts in full. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you. It is your responsibility to know if our providers are in-network for your insurance plan and what your specific insurance plan's benefits are.

Frisco Center for INTERNAL MEDICINE

NON-COVERED SERVICES:
Please be aware that some (and perhaps all) of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurance plans. Please be aware that your insurance company may require a second co-pay if you address other problems during a physical exam or at the same time you have a procedure scheduled. Concerns dealing with mental health issues such as anxiety, depression, attention deficit disorder, and stress-related problems, etc. might not be covered by your insurance. If you are seeing our doctor for any of these problems, you may want to contact you insurance company to see if they are covered if seen by any physician other than an approved mental health provider. As with all non-covered services, you will be expected to pay in full whatever the insurance companies do not reimburse.

NONPAYMENT:
If your account is over 90 days past due, you will receive a letter stating that the balance should be paid in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you may be discharged from this practice. Should this occur, you will be notified by certified mail and will have 30 days to find a new physician.

MISSED APPOINTMENTS:
If you cannot keep your appointment, you will need to reschedule your appointment 24 hours in advance. This will allow us to schedule another patient in that time slot. If any appointment is no-showed, cancelled with less than 24 hours notice or rescheduled due to late arrival, a $35.00 charge may be billed to your account. This charge is not payable by your insurance company. If multiple appointments are missed and we identify a problem with you keeping appointments, we will not be able to provide care for you at this office.

FORMS:
There is a $25 charge for the completion of FMLA, disability and other forms. Since insurance companies do not cover this service, this charge is your responsibility. Payment is due at the time the forms or requests are dropped off at the clinic.

PATIENT DEMOGRAPHICS

Patient Name: _____ DOB:_____ Sex: M or F

Address:_____City:_____State:_____ Zip Code:_____

Home phone #: _____Mobile #:_____Work #:_____

Email:_____

Email address is required for patient portal access.

Marital Status: _____ SS#:_____

Referred by:_____ Relationship:_____

Primary Insurance:_____ **Policy Holder Name:** _____

ID# _____Group # _____ Policy Holder DOB: _____

Secondary Insurance: _____ **Policy Holder Name**:_____

ID#:_____Group#:_____Policy Holder DOB:_____

Preferred Pharmacy: _____ City:_____ Phone #: _____

Pharmacy Intersection: _____

Patient Preference Regarding Communication of Health Information

Who To Contact: I hereby give my permission to Frisco Center for Internal Medicine to disclose and discuss information related to my medical condition(s) to/with the following persons.

Name:_____ Relationship:_____Phone:_____

Name:_____ Relationship:_____Phone:_____

Name:_____ Relationship:_____Phone:_____

_____ I do not wish to give consent for any persons to have access to any information regarding my medical condition(s).

Emergency Contact: _____Phone #:_____ Relationship: _____

I understand that in the event of an emergency it may be necessary to give certain medical information to this contact.

This authorization shall remain in effect unless otherwise revoked in writing. I understand that requests for medical information from persons not listed above will require a specific authorization prior to the disclosure of any medical records.

Signature of Patient or Legal Representative: _____

Printed name and relationship (if not patient):_____

Today's Date:_____

Frisco Center for INTERNAL MEDICINE

Patient Name:_____ DOB:_____

Consent to Treat

I hereby authorize employees and agents (including physicians, physician assistants, and nurse practitioners) of this medical office to render routine medical care to me, the patient indicated on this form and to fulfill the orders of the physicians (including consultants, associates, and assistants of the physician's choice.) I hereby authorize employees and agents of this medical office to render routine medical care to the patient indicated on this form and to fulfill the orders of the physicians (including consultants, associates, and assistants of the physician's choice.) The duration of this consent is indefinite and continues until revoked in writing. I understand that by not signing this consent, medical care will not be provided except in a case of emergency.

Financial Responsibility

I hereby authorize payments from Medicare or other insurance companies of medical benefits directly to Frisco Center for Internal Medicine and/or the attending physician for services rendered. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents or insurance company any information needed to determine these benefits or the benefits payable for related services. I appoint Frisco Center for Internal Medicine to act as my authorized representative in requesting an appeal from my insurance plan regarding its denial of services or denial of payment. I understand that I am financially responsible for the total charges for services rendered which may include services not covered by my insurance companies. I agree that all amounts are due upon request and are payable to Frisco Center for Internal Medicine. I further understand that should by account become delinquent, I shall pay the reasonable fees or collection expenses, if any. I acknowledge that I am fully responsible for supplying correct insurance information, billing information and payment of any services not covered or approved by my insurance carrier. The duration of this authorization is indefinite and continues until revoked in writing.

Release of Information

Authorization is hereby granted to release of information contained in my medical record as may be necessary for medical treatment or to process and complete my insurance claims. I understand that this release of information may include information regarding communicable diseases such as, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). The duration of this authorization is indefinite and continues until revoked in writing.

Office Policies

I have read and received a copy of the office policies for Frisco Center for Internal Medicine.

Payment Policies

I have read and received a copy of the payment policies for Frisco Center for Internal Medicine.

Acknowledgement of Receipt of the Notice of Health Information Practices for Frisco Center for Internal Medicine

The Health Insurance Portability and Accountability Act (HIPAA) is a federal government regulation designed to ensure that you are aware of your privacy rights and of how your medical information can be used by our staff in providing and arranging your medical care. Frisco Center for Internal Medicine and associated physicians are committed to securing the privacy of your health information. We have made available to you a copy of the notice which provides information about how its physicians may use and/or disclose protected health information about you for treatment, payment, health care operations and as otherwise allowed by law. By signing this form, you acknowledge that you have received a copy of Frisco Center for Internal Medicine's Notice of Health Information Practices.

I have read all of the above and agree to these terms.

_____ _____

Signature of Patient/ Legal Guardian (if patient is a minor) Date

12500 LEBANON RD, STE 103
FRISCO, TX 75035

AUTHORIZATION TO RETRIEVE MEDICATION RECORDS

I _____ authorize Frisco Center for Internal Medicine to retrieve my complete medication profile from my insurance, pharmacy, or other third party source. I understand this information will be kept confidential and used only to aid in my ongoing treatment.

I understand this authorization will remain in effect until/unless I revoke it in writing.

_____
Signature of Patient (or Authorized Representative)

_____
Date