OFFICE AND PRACTICE OF J. BERNARD CORDOBA, MD GENERAL OFFICE POLICIES

UPDATED APRIL 2020

- Dr. Cordoba is not a network provider for any insurance company nor for Medicare. Payment in full is due at the time services are rendered. Dr. Cordoba has opted out of Medicare (see Medicare opt out statement).
- 2. PPO participants are responsible for obtaining necessary referrals prior to appointment. Laboratory tests are billed to your insurance company by the reference lab. You may receive a separate bill from the laboratory for any deductible or non-covered service. Should your insurance carrier require you to use a specific ancillary laboratory, please inform your personal care provider. Failure to do so may result in charges to you which your insurance company may not cover.
- 3. You will be responsible for payment in full if you miss your appointment or fail to cancel with less than a 48-business hour notice. Missed appointment fees must be paid prior to the next appointment.
- 4. Any financial concerns should be discussed with Dr. Cordoba prior to services being rendered. If this agreement is not met, measures to collect the outstanding balance will be taken through appropriate legal means.
- 5. For medication refills, please contact your pharmacy unless you need a "triplicate prescription". We require a 72-business hour notice for <u>all</u> refill requests.
- 6. By law, all triplicate prescriptions must be filled within 21 days of the date written.
- 7. Time spent in processing your clinical information with case managers and other providers will be billed on a fee for service basis. Similarly, you will be billed for all necessary correspondence such as letters, reports or required forms. Such information may only be released upon your written request. Any questions should be directed to Dr. Cordoba.
- 8. Office hours are by appointment only. Phone calls lasting more than 5 minutes will be charged at the regular rate.
- 9. Dr. Cordoba reserves the right to terminate the professional relationship with any patient at any time for failure to comply with treatment recommendations, office policies, and/or failure to

- meet his/her financial obligations. Furthermore, the right to terminate will be provided to the patient in written format.
- 10. Patients are under no obligation to continue services should they decide to terminate. You may discontinue treatment at any time by informing Dr. Cordoba as well as by signing a written termination statement.
- 11. If you have an urgent matter that cannot wait for 24 hours, you may contact Dr. Cordoba via the urgent care line at 512-750-3265. This line should ONLY be used in urgent situations. Dr. Cordoba will not respond to text messages nor email. Messages left on the urgent care line that are not clinically defined as urgent will be answered as a routine call. If you have a lifethreatening emergency call 911 immediately.
- 12. Please be aware that obtaining Prior Authorizations for medications from your insurance company takes a considerable amount of time and may require several phone calls to receive an answer. Allow at least 7 business days for this to be completed. Time spent in processing the Prior Authorization will be billed on a fee for service basis.
- 13. The process of filling out forms as well as processing requests for various reasons (insurance, disability, job related functions or other) is a time-consuming process. This may also require various revisions and attempts to communicate with the respective entity. Allow at least 7 business days for this to be completed. Time spent will be billed on a fee for service basis.
- 14. Please always notify Dr. Cordoba of ANY changes in your medical/surgical condition and medication additions/deletions from any medical providers. This includes over-the-counter agents, supplements, herbs and "alternative medicinal" agents.
- 15. Time spent on legal matters incur fees that are different that those of usual/typical fee for service rates. Please discuss this with Dr. Cordoba.

A copy of these GENERAL OFFICE POLICIES will be provided to you upon request. You may also review the policies at www.cordobamd.com

Printed Name	In agreement,	Signature/Date