

Gynics Associates OB/GYN

Office Policies and Procedures

Physicians:

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Contact Information:

Phone: 512-451-3131
Fax: 512-453-1300
Emergency after hours:
512-483-9022

Office Hours:

Mon – Fri: 8am to 5pm

Web Site:

www.gynics.com

Appointments:

- Patients are seen in the office by appointment only.
- Appointments may be made by telephone, our website, your patient portal or ZocDoc.
- For your initial visit, please arrive 15 minutes early to complete necessary paperwork and present your insurance card(s) and driver's license.
- Please be prepared to present your insurance card at every visit. All insurance changes are to be reported to us as soon as possible. If you do not have your insurance information at the time of service, you will be considered self-pay. Correct insurance information ensures that we meet filing deadlines set by your insurance carrier. If you present the information at a later time, we will file as a courtesy but if the claim is rejected, you will be responsible for the full amount.
- We require at least a 24 hour notification if you are unable to keep your scheduled appointment. This courtesy will allow us to accommodate other patients. We do, however, realize that emergencies arise.
- We make appointment reminder calls for annuals and office procedures 2 days prior to your scheduled appointment. We do not make reminder calls for obstetrical/pregnancy (OB) appointments. OB patients are responsible for keeping track of their appointments.

Telephone Calls:

Telephone calls are answered by our knowledgeable and friendly front desk staff 8am to 5pm, including during the lunch hour. All calls and messages received will be sent to the appropriate staff member. Please know we will make every attempt possible to return calls in a timely manner. If you have left a message and are requesting a return call, please have your phone handy so as to not miss the call. ***Please listen to your phone message before returning any call so we will know how to appropriately direct your call.***

For routine, non-emergency issues, please call our office during regular office hours, 8am to 5pm Monday through Friday. If you have a true medical emergency after hours or on a weekend or holiday, please contact the Medical Exchange at 512-483-9022.

Lab/Prescription Policies:

The in-house Clinical Pathology Lab draw station is provided as a courtesy to our patients. They are closed for an hour at lunch. All lab work will be billed separately by the respective laboratory and is **not** included in our charges. Any questions regarding bills for lab work should be addressed with the laboratory. At your doctor's discretion, lab results are sent to you through your patient portal. Please make sure we have your most current contact information on file.

When calling for a prescription refill on a current medication, please contact your pharmacy to send a refill request even if you have no refills remaining. If you are requesting a new medication, we will require your pharmacy name, street address and phone number. Prescription refills are handled electronically through Sure-Scripts, an e-prescription network, which allows us to send and receive refill requests and approvals directly to the pharmacies. With your approval (see demographic form), your prescription history may be pulled by your provider to optimize your current care and to prevent drug interactions. **Please allow up to 2**

business days for medication requests to be filled. Please contact your pharmacy for the status of your refill request.

Patient Portal:

Gynics Associates offers a secure patient portal as a service to our patients who wish to view their records and communicate with our staff. We encourage all of our patients to sign up for this service as a valuable communication tool. However the portal is **not** to be used in emergency or urgent matters.

Proper subject matter would include lab results, appointment reminders or requests, and routine follow up questions. The portal is not used for diagnostic purposes. All messages sent through the patient portal become a permanent part of your medical record. Only records and results sent to you by a staff member will be available for review.

Insured Patients:

Providing quality medical care for all our patients is our primary concern. In order to accommodate the needs of our patients, we have enrolled in numerous managed-care insurance programs. While we are pleased to be able to provide service to you, it is very difficult to keep track of all the individual requirements. We highly recommend that you read your insurance booklet or contact your insurance company about your benefits. Insurance is a contract between you and your insurance carrier. We will not become involved in disputes between you and your insurance carrier regarding deductibles, co-payments, covered charges, pre-existing conditions, etc. Providing that your physician is contracted with your plan, we will file the claim for you. You are responsible for your co-pay, if applicable. Verifications of insurance coverage are the patient's responsibility and an **estimate** only, not a guarantee of benefit responsibility. If your plan requires prior authorization to see a specialist, you are responsible for getting the referral to our office before the day of the appointment.

Medicaid Patients: We accept Medicaid for pregnancies only. If at any time you enroll in Medicaid, we are contracted with Superior, BCBS Star, Seton or Traditional (TMHP) only. A copy of your eligibility is expected at each visit. If you are on a plan that we are not contracted with, we will be unable to see you until your status reflects Superior, BCBS Star, Seton or TMHP.

Uninsured/Self Pay Patients: Payment is expected at the time of service. A 30% discount is extended for uninsured/self pay patients who pay in full at the time of service and will not apply if paid at a later date. For your convenience, we accept VISA, MasterCard, personal checks and cash.

Deposits and Payments:

- **Surgery & OB deposits:** As a courtesy to our patients with insurance, we will verify your responsibility prior to services being rendered. The verification obtained is an **estimate** and not a guarantee of benefit coverage or payment. Payments are collected prior to the procedure date. Our billing specialist will contact you with your estimated responsibility pre-determined with your insurance.
- **Statements:** Statements are mailed out monthly and payment is due upon receipt. If after 30 days payment has not been received, your account may be subject to an interest fee. Please contact our business office to set up payment arrangements if necessary.
- **Returned checks:** There will be a \$25.00 handling fee for returned checks.