GIA SWOPE, F.N.P.
13967 W Wainwright Dr STE 103, Boise, ID 83713 PH 208-517-1630 Fax 208-209-7196
info@giaswope.com

Office Policies
2022

HOURS OF OPERATION

Our office is open routinely Monday through Thursday from 8:30am to 5:00pm. Other times may be available on a case by case basis. Please make note we are NOT routinely available on Fridays. Phone messages left late Thursday or on Friday may not be returned until the following Monday. This will effect the 48 hr notice required for medication refill requests. Please note, it is defined as 48 business hours. Again, Friday is not a business office day.
INITIAL TO INDICATE UNDERSTANDING:_____

APPOINTMENTS

All patients are seen by appointment only. We are not a walk-in facility. We ask that all our patients be on time so that we can stay on schedule, minimizing other patients' inconvenience. We make every attempt to stay on schedule, and we ask your help in this.

If you have a concern in addition to the reason for your scheduled visit, please let our staff know when you schedule or when you arrive. We will always try to accommodate these requests, but in some cases, we will have to ask you to make another appointment to avoid inconveniencing other patients. If you have any forms that need to be completed, such as letters to employers, schools, probation, or disability paperwork, please let us know when you schedule your visit and again when you check-in.

We understand there are weather and traffic problems and attempt to be flexible around issues such as these. Please contact us as soon as you realize you are unable to keep an appointment as it allows us to offer time to another patient and allows you to avoid paying for an un-kept appointment. If you are running late, please call us to determine whether you should come late or reschedule. In the event of a cancellation, patients are asked to contact the office at least 24-hours in advance to avoid a late cancellation fee.

There is a $25.00 fee for any visits cancelled in less than 24 hours. There is a $50.00 fee for not showing up to your appointment. We MAY provide a courtesy reminder phone call one business day before your scheduled appointment; however, YOU are responsible for keeping track of YOUR appointments. **ALL patients who do not call us will be charged the no-show fee, so please do not ask for adjustments to your account.** It is not our intent to charge our patients additional money, but it is very costly if you miss your appointment and do not give us time to schedule another patient in your timeslot. We also cannot keep the schedule running smoothly when patient's "no-show" to appointments. Services will be terminated after three "no show" (unkept) appointment times. **INITIAL TO INDICATE UNDERSTANDING: _____**

Due to the nature of our business, emergencies sometimes happen, which may cause a delay in our schedule. If this happens, we will try to contact our patients to give them the option to come in at a later time or to reschedule at their convenience. We truly appreciate your cooperation and understanding. Please try to be understanding if you need to wait for the provider, knowing the same courtesy will be extended to you if you need a little extra time in your visit.

This policy enables us to maintain a high level of service for all our patients.

PRIOR TO YOUR FIRST APPOINTMENT

Like all medical offices, we have some paperwork we need new patients to complete. For your first appointment, you are asked to complete a Patient Information Form, sign a copy of office policies, sign an acknowledgment of our privacy policies (HIPAA), complete a medical history form, and approximately three symptom assessment forms. These forms

should be completed prior to your new patient appointment. If you do not complete them prior to your appointment, please arrive 30 minutes prior to your scheduled appointment to complete them in the office. If your forms are not completed by the time of your scheduled appointment, your appointment will be rescheduled.

AT YOUR APPOINTMENT

Please arrive a few minutes prior to your appointment time and bring your Insurance Car and Co-Pay. We accept cash, check or credit card. We do accept most major credit cards and HSA cards. Payment for all services provided are due at the time of service.

PHONE CALLS

Please listen to the voice mail prompts if an office member does not answer your phone call. Phone calls will be returned within 24 business hours (exception will be the weekend and holidays). If you are having an acute problem, please indicate that and we will call you back as promptly as possible during the business day. If you have a sudden worsening of symptoms you will be directed to the nearest emergency room. After hours calls will be returned the next business day. The Provider will not return an after-hours message if it is about a prescription refill.

Because of ethical and legal reasons, we do not conduct phone appointments. **Telephone contact with the provider matching or exceeding an allotted duration or resulting in changes to your medication will incur a charge of $70.00 and will not be billed to insurance.** **INITIAL TO INDICATE UNDERSTANDING: _____**

TELEHEALTH VISITS

Telehealth visits are scheduled as a courtesy. The criteria for these visits change frequently. It is required that you are seen physically in the office at least once every 12 months. As a result of the uncertainty of this visit type, we are not routinely offering telehealth visits. If a telehealth visit is covered by your insurance, we will consider scheduling that with the understanding that any denial of the service will render the visit your complete financial responsibility.

INITIAL TO INDICATE UNDERSTANDING: _____

PRESCRIPTION MEDICATIONS

Patients requiring medications are provided with a prescription at the time of their visit. You will be asked to sign a "Prescription agreement" or "Controlled Substance Prescription Agreement" that further delineates our specific prescription policies.

You are responsible for knowing when your medication(s) will need to be refilled. It is never a good idea to let your prescription(s) run completely out! **Prescription refills should be requested through your pharmacy.** They will then fax/electronically transmit the refill request to us. We require a 48-business hour notice for routine refill request. (The 48-hour time-period does not include weekends or holidays. We are not routinely in the office on Fridays.) The required time frame is because the refill process requires reviewing your record for data to be sure the refill is correct and appropriate. Prescription medication(s) will be refilled Monday through Thursday during normal clinic hours. The office staff is not able to give you your prescription unless Gia Swope, FNP has authorized and signed your prescription(s). Additionally, **do not walk into our office with the expectation of having your prescription refilled while you wait.**

After your provider receives your refill request, she will decide whether to refill your medication. We strictly adhere to the State and Federal Rules governing prescription medications. The State of Idaho Board or Pharmacy requires a medical evaluation prior to the issuance of a prescription at a maximum of every six months. If it has been six months since you have been seen, your provider may ask to have you come in to see her before prescribing more medication. Renewal/Refills are contingent on keeping scheduled appointments and keeping financial account current. Failure to keep scheduled appointments may result in cessation of prescriptions from this office. **INITIAL TO INDICATE UNDERSTANDING: _____**

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INSURANCE INFORMATION

Gia Swope, FNP works with most medical insurances.

WE DO NOT ACCEPT MEDICARE OR MEDICAID. You cannot submit a bill to either of these entities for payment.

We do accept patients who are uninsured—for cash services. If you will be receiving cash services, there is a separate document for you to complete to fulfill our requirements as it pertains to the Good Faith Estimate.

BILLING INFORMATION

Your medical insurance policy is a contract between you and the insurance carrier; we are not a party to that contract. Please know the details (e.g. copay, deductible, etc.) concerning your particular insurance contract. As a courtesy, we may contact your insurance company to verify coverage. **THIS DOES NOT GUARANTEE PAYMENT OF SERVICES**. Not all services are covered benefits in all insurance contracts.

You are responsible for all charges. We will file claims for our services with your primary insurance company. If you have a secondary insurance, we will file a claim with them as well. Once we know your insurance has been paid in full, the remaining portion of the bill is then transferred to you.

It is your duty to provide us with accurate, up-to-date insurance information.

All patients must sign the registration form that includes a statement assigning insurance benefits to be paid directly to Gia Swope, FNP.

Your prompt payment is expected; bills are payable upon receipt. In the event your financial obligation becomes delinquent, please call our office. It is our intention to work with you to avoid a situation that would require turning your account over to a collection agency.

If you do not contact our office or pay promptly, we will assess a $5.00 per month collection service charge. In the event your account must be turned to collection, you will be assessed a $35.00 collection fee in addition to service charges and the balance due.

We accept payment by cash, check, or credit card (we take most major credit cards). A $20.00 non-sufficient funds fee will be added to your account on returned check and your account will be put into a "cash or credit only" status.

SIGN TO INDICATE UNDERSTANDING: _____

PRIVACY POLICY

Protecting your medical information is of the utmost importance to us. We are required by law to maintain the privacy of protected health information and we comply with all applicable state and federal laws. As such, a Notice of Privacy Practices is distributed to all our patients, and we must receive a signed acknowledgment of it. If you have not received a Notice of Privacy Practices, please request one.

By my signature below, I acknowledge I have read all the office policies. I also acknowledge I have received a copy of the Privacy Practices.

_____ _____

Signature of Patient/Guardian Date

_____

Patient Name Printed