

WELCOME

Welcome and thank you for choosing El Paso Child Neurology (EPCN) We are committed to providing the highest quality of care and strive to provide patient satisfaction. . Our goal is to engage parents/patients in their well-being. We highly recommend our Secure Patient Portal for better communication regarding your healthcare.

SECURE PATIENT PORTAL

For your convenience please visit our online secure patient portal 24 hours a day 7 seven days a week, from the comfort of your home, office or on road and have access to:

- Check-in on line
- Update demographics
- Manage appointments
- Complete forms
- View care summary
- Send/receive secure messages
- Receive test results
- Make payments online
- Prescription refill request
- Health history
- Browse health facts and information
- Avoid additional administrative cost

To keep parents/patients better informed and to assist our patients in healthcare, communication, and finances the following policies have been established. Please make sure you read them carefully and initial where applicable.

For any concerns or questions regarding office policies please contact management at (915) 313-4646.

Thank you for your assistance Miguel Moreno MD and staff.

OFFICE POLICIES

COMMUNICATION

To expedite in office wait time we recommend you provide us with your e-mail address for an invitation to our patient portal. Once you create an account all future communication will be through the patient portal. If no e-mail address is available then we can communicate via telephone.

PREPARING FOR YOUR APPOINTMENT

NEW PATIENTS TO OUR PRACTICE MUST ARRIVE 30 MINUTES PRIOR TO APPOINTMENT TIME.
ESTABLISHED PATIENTS MUST ARRIVE 15 MINUTES PRIOR TO APPOINTMENT.
LATE ARRIVALS WILL BE RESCHEDULED TO NEXT AVAILABLE.

- _____ New patients to the practice (first time in our office) will require to have the following information completed 2 weeks prior to the scheduled appointment:
- a. Patient demographics
 - b. Insurance information
 - c. Referral from Primary Care Doctor (slip must have a diagnosis code or written diagnosis)
 - d. Screening tools (if applicable)
 - e. Last visit note
 - f. CD for any MRI, CT Scan (if applicable)
 - g. EEG (Electroencephalogram if applicable)
 - h. A list of medications(current)

If this information is not received prior to the appointment we will be forced to reschedule to the next available appointment. Keep in mind Dr. Moreno's schedule availability may be from 2 to 3 months out.

- _____ Please maintain a current list of medications that the patient is taking and bring to each visit.
- _____ Write down concerns or questions to be addressed regarding your appointment with doctor.
- _____ Patient is required to be present at all times for Doctor's appointments.
- _____ Please make note that Dr. Moreno is involved in a teaching/education program, for that reason the patient may be screened by a resident/clinician; however the patient will be seen and treated by Dr. Moreno

APPOINTMENTS

- _____ This practice does not accept appointments on a walk-in basis, if you are having an emergency please go to your nearest emergency room/facility.
- _____ There is no consulting/care management over the telephone line/patient portal, an appointment will be required to be seen by a medical provider All messages will be handled by the Medical Assistants.
- _____ Sooner appointments may be requested with the option to be placed on the waiting list. Patients needing a change in Prescription(s), questions or concerns from a previous visit will require to be seen by a medical provider.

- _____ For your convenience we have an automated voice system to confirm appointments 2 days prior to scheduled date. If a message was received but you were not able to confirm please visit the patient portal to notify our office 24 hours prior to appointment otherwise your appointment may be cancelled and rescheduled for next available. You may also use the patient portal to manage appointments.
- _____ A \$25.00 charge will apply for failure to keep appointment unless cancellation notice is received at least 24 hours in advance. Other procedures will vary starting at \$250.00 dollars a separate financial sheet will be provided with exact amount of cost.

AFTER YOUR APPOINTMENT, BUT BEFORE YOU EXIT THE OFFICE

- _____ Please make sure that you request excuse note prior to leaving the office. We will not fax any school/work notes.
- _____ You are responsible for scheduling your follow-up appointment, getting your prescription(s), medication instructions, referral(s), and/or diagnostic requisitions before leaving the office.
- _____ This practice refers to Quest for laboratory studies, to El Paso Children's Hospital/University Medical Center for genetic testing and to Southwest X-Ray or Diagnostic Outpatient Imaging. If your health plan is not participating with these providers please notify the front desk.
- _____ Patients who access other providers not listed above will be responsible for delivering laboratory results, imaging reports and CD with images 2 weeks prior to appointment date.
- _____ If you wish to have access to our patient portal please provide us with your e-mail address.

RESCHEDULED/CANCELLED/MISSED APPOINTMENTS

- _____ Missed appointments may result in termination of Physician/Patient Relationship (at the provider's discretion). It is the parent/patient's responsibility to contact our office and reschedule a new appointment. A notification may be provided to the Primary Care Provider (PCP) and/or health plan.
- _____ If you are unable to keep an appointment for any reason, you must notify us at least 24 hours before the scheduled appointment. Failure to do so will be considered a missed appointment.
- _____ History of rescheduled appointments may result in termination of Physician – Patient Relationship (at the provider's discretion). Also keep in mind when re-scheduling appointments you will be given the next available appointment. This may place the patient's health at risk and interrupt the provider (s) regimen of medical care.

INSURANCE BENEFITS

- _____ Insurance information must be provided for review of the following:
 - a. Applicable deductibles and/or co-insurance.
 - b. Responsible party acknowledges payments are due at time services are rendered.
 - c. Responsible party acknowledges El Paso Child Neurology will not bill any mental/behavioral health diagnosis to insurances other than their medical plan. We are not mental health providers.
 - d. If diagnosis is not covered under medical plan the practice will then accept you as a private pay status and you will be responsible for payment in full at the time services are rendered.
- _____ Medicaid members are only authorized 30 office visits per calendar year; it is the responsibility of the parent/guarantor to notify the front desk once 25 visits have been reached throughout the year so that we can take prior action.

- _____ Parent or legal guardian who is responsible for the patient will need to provide all necessary documentation for the patient. You will also be accountable financially for payments and for services not covered by insurance.

COMPLIANCE WITH MEDICAL CARE

- _____ Certain medical conditions may restrict the operating of a vehicle. Patient agrees to refrain from driving for a period of six months and report this condition to the Department of Public Transportation for any events in loss of consciousness and/or black-outs. Your provider will discuss restrictions if applicable.
- _____ Not remaining compliant with the provider (s) regimen of care may result in termination of Physician – Patient Relationship. (eg: self-medicating and changing doses without approval)
- _____ Not keeping appointments to referred physicians and/or therapy management may result in termination of Physician – Patient Relationship. Will be considered as non-compliant

REFERRALS

- _____ Referral from current PCP or treating physician must match PCP on file with all HMO's and MCO health plans.
- _____ It is your responsibility to keep referrals and/or authorizations current for all of your visits to our clinic.
- _____ Please be aware that some medical conditions may require referral for therapy management prior to placement of a medication regimen.

FORMS

- _____ Bring any forms with you that may need to be completed by us. We may be able to complete forms at time of your visit otherwise you may experience a 10 to 15 business day delay. Nonetheless charges may apply starting at \$25 dollars.
- _____ Medical Records will incur a \$25.00 dollar charge for the first 20 pages and \$.50 for each additional page. Diagnosis letters will incur a \$5.00 dollar charge. Any other letters will start at \$15.00 dollars. Additional copies of referrals and/or diagnostic orders will be charged \$5.00 for each copy. Copy of prescription will incur a \$10.00 dollar charge however; some prescriptions cannot be duplicated and will require a follow-up visit.

REFILLS

_____ We make every effort to prescribe enough refills to last until your next scheduled appointment. You must notify your pharmacy (7) business days in advanced for regular prescriptions and (15) business days in advanced for mail-in orders. Do not wait until the last minute for prescriptions/refills, they will not be ready. When calling your pharmacy for refills please advise them that we only accept electronic requests (e-prescribe). If your refills have expired or have been exhausted please call our office for an appointment. Keep in mind that refills will only be authorized if patient has remained complaint with treatment plan and office policies.

- a. Controlled substance prescriptions must be picked-up by parent.
- b. For refills of non-controlled medication please go to your pharmacy of choice, they will contact the office if they have any questions or concerns filling the prescription. Do not call the office for refills as you will be instructed to call or go to your pharmacy of choice. If you do not hear from the office in 1-2 days follow-up with the pharmacy. You may request refill(s) through the patient portal. No refills or prescriptions will be managed during non-working hours, weekends and/or holidays.

MESSAGES

_____ If you have an emergency or urgent matter call 911 or go to your nearest emergency room. We prefer that your messages be communicated to our via patient portal otherwise phone messages will be handled in the order in which they are received; however medical provider reserves the right to prioritize messages according to medical necessity. If you do not hear from the office in 2 business days please follow up with another call

_____ If you choose to leave a message make sure you provide us with a patient name, date of birth, a detailed message and a number were you can be reached.

PATIENT GRIEVANCE POLICY

_____ It is company policy to ensure that all concerns related to care or services provided are handled courteously, consistently, and as expeditiously as possible. If you have any concerns that may need to be addressed please request a Patient Concern form and return to office manager.

FINANCIAL POLICIES

_____ The staff of EPCN reviews with your insurance company and verifies eligibility of benefits as a courtesy. This does not guarantee payment for services. If co-pay, deductibles, co-insurance, and non-covered services are applicable, payment is expected at time of services.

_____ In each appointment with your doctor, it is your responsibility to ensure your doctor is contracted with your health plan and the necessary referrals/authorizations are obtained before the visit.

_____ Members that are eligible for Medicaid must be active at time the services are rendered otherwise patient will be accepted as private pay and we will not accept/bill Medicaid for retro services. The same will apply if Medicaid is not active as a secondary payer.

_____ Within 45 days EPCN should receive payment or denial from your insurance carrier, at this time you should receive the same copy. If for any reason, the insurance company has not paid within the time period mentioned above, it becomes your responsibility to pay the total balance.

EPCN will not get involved in disputes, misunderstandings or negotiations between insurance companies and patients, including deductibles, benefits and/or non-covered services. The responsible party will need to pay.

_____ The day of your visit you will be responsible to pay any balances and any treatments to your existing account. We accept: Visa, Master Card, Discover Card, Care Credit, Money Order, cashier's check and cash.

_____ A \$30.00 charge will be added for returned checks. If amount of check is not covered within 10 business days, your account will be forwarded to the Attorney General's office.