



## Kidney Hypertension Clinic, PC

Duluth

Lawrenceville

Norcross

Snellville

Monroe

Winder

Athens

## Office Policies

### **Cancellation / No Show Policy**

At Kidney Hypertension Clinic, PC, we do our best to schedule your appointment in a timely manner. We ask that you notify our office more than 24 hours prior to your scheduled appointment if you must cancel. It is our office policy to charge \$50 for a new patient and \$25 for established patients that no show for their appointment or do not provide more than 24 hours cancellation notice.

### **Arrival Time / Late Policy**

We make every attempt to see you at your appointed time. To ensure that we run on time, we ask that new patients arrive 30 minutes and established patient arrive 15 minutes prior to appointment time. If you are running late we may need to reschedule your appointment. If your provider does agree to see you late, you will be handled as a work-in appointment and will be seen when the schedule allows so that other patients' appointments remain on time.

### **Patient Information / Patient Portal**

In order to maintain accuracy in your patient record, we require that you give our office current information at every visit. This includes your name, changes to address or telephone number, changes to your insurance, changes in your health status, and information about other health services that you may have received. Our office uses a patient portal to enhance communication with our patients. At your visit, we will ensure that you have access to our portal. You may contact your doctor's medical assistant through the portal with health questions or medication refill requests. In addition, a summary of your visit and the results of any labs drawn in our office are available through the portal.

### **Insurance and Payments**

Kidney Hypertension Clinic, PC will file claims with most insurance companies. We ask that you pay any and all required payments at the time of service. Required payments may include your copay or the full visit charge if you do not carry insurance. If you have an outstanding balance, our staff will notify you prior to your appointment. If your insurance company requires a referral for you to see us, we will attempt to obtain this referral prior to your visit. If your Primary Care Physician does not provide a referral, we will contact you for your assistance or to reschedule your appointment. If you have questions about what you will be expected to pay or whether a referral is needed, please contact our billing department prior to your appointment. We accept the following forms of payments: cash, check or credit card (including MasterCard, Visa, Discover, and American Express).

### **Regarding Referrals from Primary/ Another Specialty**

All patients who are insured by the following plans (HMO/PPO/POS) cannot be seen without a written referral from a primary care' specialist. **The referral must be obtained prior to making an appointment with our office.** This is a provision of your insurance policy, and the patient is ultimately responsible for obtaining the referral. If you are seen Without the referral, you will be responsible for payment of the bill. It is the patient's responsibility to inform the office of any changes to insurance coverage such as, termination, change of plan, policy#, group#, and/or policy holder. Medicare patients who do not have a supplemental insurance will be responsible for the 20% that Medicare does not pay, at the time of service.

**All Co-pays are to be paid at the time of service as well. If you do not pay at the time of service we may refuse to provide services to you.** This is a provision of your insurance as well.



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### **Medication Refill Policy**

We require that you bring all of your medications, including any over-the-counter medications, to your appointment. At your appointment, we will provide you with enough medication to last until your next appointment.

We will refill controlled medications only during appointments – no exceptions.

If the medication you take requires renewal of a prior authorization, your refill may be delayed. Our office is not responsible for the timing of prior authorization approvals by your insurance company.

If you need a refill between these visits, you must call the office to schedule a prescription refill appointment with one of our providers. If you need an urgent refill, we will charge \$20 in advance to complete the refill. Please understand, Prescription refill fulfillment is still up-to the provider's discretion. We have partnered with Nephron Pharmacy, located at our Lawrenceville location, to credit the \$20 on behalf of the patient.

### **Family Medical Leave Act (FMLA) Forms**

If you have a FMLA form to be completed, please allow up to 10 working days for completion. Due to the complexity of these forms, we charge a fee of \$25 that must be paid prior to form completion. Kidney Hypertension Clinic, PC does not complete long-term disability forms.

### **Refund Policy**

If you are due a refund on your account, and you have not received payment in a timely fashion, please call our billing department to assure that we have your account posted correctly.



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## **Pharmacy Policy**

Kidney Hypertension Clinic has partnered with **Nephron Pharmacy** located right here in our Lawrenceville location.

The partnership allows for an extra layer of care for the patients and allows the pharmacist and providers to have direct communication to ensure patients' benefits will best cover prescribed medications.

Our pharmacists will discuss with providers and patients on alternative medications to ensure patient is able to afford treatment plan.

While Nephron Pharmacy will work with Kidney Hypertension Clinic's Providers to ensure medications and treatment plan are in the best possible medical and financial options for patient, medication costs are determined by patient's insurance benefits. These costs will be universal and equivalent to non-partnered pharmacies.

Nephron Pharmacy's prescriptions can be picked up, or mailed (2 business days) at no cost to patients.

Our Physicians can collaborate with our pharmacists to review, alter, and observe the medications based on how the patient responds. Our Pharmacists will act as an extra set of eyes and will work to prevent possible errors when it comes to prescriptions and also ensure the best the most cost effective treatment plan for the patient

**Patient may call to request prescription's to be transferred out at any time with no penalty:**

### **Nephron Pharmacy**

678-325-3331

info@nephronpharmacy.com

www.Nephronpharmacy.com

605 Old Norcross Rd,

Lawrenceville , GA

30046



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## **MEET THE MEDICAL TEAM – ADVANCED PRACTICE PROVIDERS**

At Kidney Hypertension Clinic, PC, we pride ourselves on providing quality care at all levels within our practice. Our medical team includes board-certified nephrologists, advanced practice providers (APPs), and certified medical assistants.

The APP medical team consists of nurse practitioners (NPs) and physician assistants (PAs). Each of our APPs has earned an advanced degree: either a master's degree in the field of nursing or a master's degree as a physician's assistant. This team conducts physical examinations, diagnoses illnesses, writes prescriptions, develops treatment plans, and instructs/counsels patients. Each of our APPs is trained to recognize when a patient needs the attention of a supervising physician or another specialist.

As a patient at Kidney Hypertension Clinic, PC, you may be scheduled with an APP for the following appointment types:

- Hospital follow-up appointments
- Follow-up visits
- Nephrology education visits

For follow-up visits, it is the policy of Kidney Hypertension Clinic, PC that you will see a physician and an APP on alternating visits. In other words, when you check-out after your visit with your physician, you will be scheduled to see a member of our APP team on your next visit.

**YOU ARE IN GREAT HANDS WITH KIDNEY HYPERTENSION CLINIC, PC'S MEDICAL TEAM!**



# KIDNEY HYPERTENSION CLINIC

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Health Insurance Portability & Accountability Act of 1996 (HIPPA) requires all health care records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper, or orally, to be kept confidential. This federal law gives you the patient, significant new rights to understand and control how your health information is used. HIPPA provides penalties for covered entities that misuse personal information. As required by law, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

**Without specific written authorization, we are permitted to use and disclose your health care records for the purpose of treatment, payment and health care operations.**

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. For example, we may need to share information with other health care providers or specialist involved in the continuation of your care.
- **Payment** means such activities as obtaining, reimbursement for services, confirming coverage, billing or collection activities, and utilization review. For example, we may disclose treatment information when billing a dental plan for your dental services.
- **Health Care Operations** include the business aspects of running our practice. For example, patient information may be used for training purposes, or quality assessment.

**Unless you request otherwise**, we may use or disclose health information to a family member, friend, personal representative, or other individual to the extent necessary to help with your health care or with payment for your health care. In the event of an emergency or your incapacity, we will use our professional judgment in disclosing only the protected health information necessary to facilitate needed care. In addition, we may use your confidential information to remind you of appointments by sending reminder postcards and/or leaving messages at home and/or work. Your protected health information may also be used by our office to recommend treatment alternatives or to provide you with information about health-related benefits and services that may be of interest to you. In addition, we may disclose your health information for public health oversight activities, judicial or administrative proceedings, in response to a subpoena or court order, to military authorities of Armed Forces personnel, to federal officials for lawful intelligence, counterintelligence, and other national security, to correctional institutions or law enforcement officials, and/or to report suspected abuse, neglect, or domestic violence. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

**You have certain rights in regards to your protected health information**, which you may exercise by presenting a written request to our Privacy Officer at the practice address listed below:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to request to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to access, inspect, and copy your protected health information, with limited expectations. A reasonable fee may be assessed.
- The right to request an amendment to your protected health information. We may deny your request in certain situations.
- The right to receive an accounting of disclosures of protected health information made outside of treatment, payment, or health care operations...or based on your previous authorization.
- The right to obtain a paper copy of this notice from us upon request, even if you have agreed to receive the notice electronically.

**We are required by law to maintain the privacy of your protected health information** and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

**This notice is effective as of January, 1st, 2003**, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. Revisions to our Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

**You have the right to file a formal, written complaint** with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

**For more information about our Privacy Practices, please contact: For more Information about HIPPA or to file a complaint:**

Privacy Officer Parmi K Shah Office Name:  
Kidney Hypertension Clinic  
Address: 605 Old Norcross Rd, Lawrenceville, GA  
30046

The U.S. Department of Health & Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.