



OFFICE POLICIES & PROCEDURES FOR OUR PATIENTS

Thank you for choosing Family Medical Associates, PC, offices of Dr. Dhamy Sivamohan. We realize that you have a choice in medical providers and are pleased that you have chosen to seek care with us. The staff at Family Medical Associates strives to exceed expectations in care and service in order to make your experience with us as comfortable and stress-free as possible. Our goal is to provide quality medical care in a timely manner. In order to do so we have implemented an appointment/cancellation policy. The policy enables us to better utilize available appointments for our patients in need of medical care. Please feel free to contact our office if you have any questions regarding our policies. All new patients are encouraged to thoroughly review all documents and informations on the practice website, at FMA-PC.COM, along with getting web enabled to the patient portal, for the most value.

OFFICE HOURS

Our office is available Monday-Wednesday and Friday **9:00am to 5:00pm**. On Thursdays **9:00am to 2:00pm** and on first Saturday of each month, by appointment. You may reach us at **812-752-4001**. Our Physician is available after hours 24 hours per day/365 days per year by calling our phone number and following the prompts. **If you need an appointment, prescription refill or test results, please login to the patient portal, via the practice website, at FMA-PC.COM.** If not, please call the office at the same number.

URGENT CARE

For acute illness that need unscheduled medical attention, we try to accomodate most requests within 3 hours during normal business hours, on a **WALK IN** basis.

APPOINTMENTS

Family Medical Associates is committed to providing quality care to our patients. To ensure timely continued care, we encourage patients to schedule appointments in advance of follow-up due dates. When calling for an appointment, please provide your name, telephone number, chief complaint/reason for visit, as well as any updated contact or insurance information. While we strive to schedule appointments appropriately, emergencies can and do occur in Primary Care. We strive to give all of our patients the time that they require. For this reason, we kindly request your patience and understanding should a delay or rescheduling become necessary on your appointment date. To ensure quality care, Family Medical Associates, does not treat patients we have not seen (i.e., we will not call in prescriptions or offer medical advice for patients prior to their initial visit). Follow up may be required to be scheduled after testing has been completed, so that results may be reviewed together, so an effective and appropriate plan for your healthcare can be determined.

We encourage you to schedule appointments well ahead of time, for preventative health visits, physicals, pap exams, chronic medical conditions, prescription renewals and sick visits.

CANCELLATION OF AN APPOINTMENT

In order to be respectful of the medical needs of our patients please be courteous and call Family Medical Associates promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in need of treatment. This is how we can best serve the needs of our patients.

If it is necessary to cancel your scheduled appointment we require that you call one (1) working day in advance. Appointments are in high demand, and your early cancellation will give another person the ability to have access to timely medical care.

NO SHOW POLICY

A “no show” is someone who misses an appointment without canceling it within one (1) business day in advance. No-shows inconvenience those individuals who need access to medical care in a timely manner. A failure to present at the time of a scheduled appointment will be recorded in your medical chart as a “no show”. An administrative fee of \$25.00 will be billed to your account. Three (3) “no-shows” within one (1) calendar year will result in a temporary suspension of services. In order to reinstate services, you will be required to meet with your Primary Care Physician within 30 days of the third no show letter to evaluate your situation. In the event you do not respond and/or schedule an appointment within 30 days, we will consider your patient status as terminated.

**Please note that No-Show charges are patient responsibility and will not be billed to your insurance company.

INSURANCE

Family Medical Associates accepts most major insurance plans. If you have specific questions regarding your insurance, please contact our billing department at (812)752-4001. It is patient's responsibility to inform our office of any changes in insurance coverage or demographic data. Failure to do so could cause delay or denial of insurance payment. Patients are responsible for co-pays/deductibles at time of service. If applicable, you will be billed for services not covered by your insurance (as stated in your insurance contract) by our billing department. At all times the patient is expected to keep the balance owed to under \$50.00, at all times.

PAYMENTS

Family Medical Associates accepts cash, personal checks, MasterCard, Visa and American Express. Checks can be made out to Family Medical Associates. It is the policy of Family Medical Associates to make all reasonable attempts to collect outstanding balances' should they accrue, including, convenient payment arrangements.

Following these attempts, accounts in poor standing will be outsourced to a third party for the purpose of collection.

FORMS/LETTERS

We understand that at times, various forms or letters may be required to assist you with your healthcare needs. The staff at Family Medical Associates will be happy to complete forms and write medical letters as necessary upon your request. However, because this can be time consuming, please allow 7-10 days for completion of requested forms/letters.

MEDICAL RECORDS

Per HIPAA guidelines, copies of medical records must be requested in writing. To ensure your privacy, a form for release of medical information must be completed prior to receipt of these materials. All patients can request a copy of their medical records one time, free of charge. Additional copies may be requested at a cost of \$0.75 per page. The law allows Medical Offices 30 days to complete requests for records. However, our medical records department puts forth every effort to respond to these requests in a timely manner.

PRESCRIPTION REFILLS & PHARMACY INFORMATION

Please inform Family Medical Associates of which Pharmacy you use and update us if this should change. Please allow one to two business days for refill requests. We encourage our patients to review their medications prior to their office appointments and to request refills at that time, if needed.

Please note that we do not fill Narcotic Medications or order Antibiotics over the phone. Our Practice does not routinely order Narcotic Pain Medicine, therefore you may be required to obtain these medications through Pain Management.

Labs and Imaging

If the doctor orders any lab and/or diagnostic imaging tests, its the patient's responsibility to have them done and the results sent to the office, in a timely manner.

Non-Discrimination Policy

Our services will never be influenced by the patient's race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information, or source of payment.

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RECEIPT ACKNOWLEDGMENT FORM

By signing below, I acknowledge that I have received, reviewed, understand, and will comply with the policies and procedures explained in the Family Medical Associates OFFICE POLICIES & PROCEDURES FOR PATIENTS form.

Printed Name

Signed Name

Date

THANK YOU!
Family Medical Associates, PC