Disability, work related injuries, functional capacity, or auto related injuries:
Please take note that we DO NOT perform examinations for these, and we do not fill any forms relating to these conditions.

Insurance Claims:
We participate with numerous insurance plans and will gladly file your claims for you. Co-Payments are due on the day of service. This is generally required by your insurance plan as part of our contract with them.

Insurance plans requiring a referral:
Please check with your insurance plan to see if a referral or pre-authorization *is* required from your primary care doctor to see a specialist. It *is* your responsibility to obtain the **necessary referral** in order for your insurance company to pay for your services. We will be happy to assist you in obtaining your required referral.

Adult students covered by parent's insurance plan:
We will gladly file your claims however if you are over the age of 18, you are responsible for your bill. We will need your current address and your payment billing address for our records.

Patients without insurance coverage:
Unless prior arrangements have been made, payment in full is due on the day of service. We do not charge interest on unpaid balances; therefore, we cannot extend credit for more than 90 days.

Returned checks:
We charge a $30.00 processing fees for all returned checks due to bank processing fees. Any returned check must be paid within 10 days or it may be turned to a collections agency.

Privacy:
I have been offered and/or received a copy of Arthritis & Osteoporosis Center of Kentucky's Notice of Privacy Practices.

Consent & Authorization:
I hereby give my permission to Arthritis & Osteoporosis Center of Kentucky for the evaluation and treatment of the presented rheumatologic condition. I hereby authorize the above physicians to release information regarding services rendered by him/her and allow a photocopy of my signature to be used to file insurance. I hereby authorize the physician(s) indicated above to furnish information to insurance carriers concerning this illness, and I hereby irrevocably assign all payments for medical services rendered.

I also consent to Practice using or disclosing my protected health information for treatment activities provided by another health care provider; as well as the payment activities conducted by another health care provider or entity. I further consent to the disclosure of my protected health information in order for another provider or health care entity to conduct health care operations, if it is part of my protected health information.

The provision of treatments may include infusions, injections, admission in the hospital or any other procedures including workup as considered appropriate for my medical condition

I have read the financial consent and privacy policy statements for Arthritis & Osteoporosis Center of Kentucky and agree to the terms herein. I also understand that such terms may be amended when needed by the practice.

I consent to retrieve my prescribed medications by other providers via electronic health records.

Office Policies and Procedures

No Show Policy:
There is a **$25.00 Fee** for each missed appointment. After (**2)** no shows, you will be **dismissed** from the practice. You will then have to contact your Primary Care Physician for your care.

Refill Policy:
Please contact your pharmacy to request a refill request 2 weeks before your last dose so you may have your prescription refilled and ready for pick up. Please do not call the office as the office requires a refill request from the pharmacy for Dr. Ahmed to sign off on. Please keep your appointments to avoid any denied prescription requests.

Phone calls:
Due to the **high call volume** we receive and the amount of patients we care for throughout the day, it is impossible for us to personally answer all the phone calls. If you will leave a message on the correct extension (so your call is not delayed), we will return your call as quickly as we can. If it is an emergency and cannot wait, please visit your nearest emergency room or call 911.

Test Results:
We will only call if results require immediate attention. We **DO NOT** give results over the phone. Dr. Ahmed will go over in detail on your next appointment.

Patient Portal:
We encourage you to visit the patient portal website if you have misplaced your appointment date and time, need to update information, or send us an email if you prefer. It may quicken the response instead of leaving telephone messages.

Collections:
Please be advised that in order for the office to provide the best service to our patients, Arthritis and Osteoporosis center of KY requires a credit card in our files. In the event an insurance carrier has put an amount towards your responsibility after we have billed your insurance carrier (s), we will be happy to bill you for the amount. It is my responsibility to contact the billing office, if I cannot make a payment in a timely manner, and we will be happy to assist you in a payment plan. I understand that if for any reason the account is turned over to a collection agency, I will be responsible for the collection fee and should non-payment of my account result litigation, the collection fee shall increase because of added attorney fees, I will also be responsible for court cost and service of summons cost. In the event I have paid collections in full, and decide to make a new appointment with Arthritis and Osteoporosis Center of Ky, there will be a reinstatement fee of $25.00 upon day of visit a 30% that was sent to collections due to collect losses to the practice. If there is an overdue balance on your account, there is a **10.00 Fee** as we make every attempt for collection i.e. statement, phone call, patient portal, and collection letter.

Primary Care Physician:
Please note the physician will limit your care to rheumatoligical conditions. You will have to contact your Primary Care Physician for any other conditions.

I, the patient, have read, understood and agree to these terms.

Signature: _____In the event your account is overdue after the 3rd statement, we will charge the credit card provided on file the amount due plus whatever your charges are on the overdue account since we were unable to collect from you the patient.