

Poolesville Family Practice Patient Policy Manual

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Welcome to Poolesville Family Practice

We are here to provide you with personalized and comprehensive primary care for the entire family.

Choosing a family physician is the most important medical decision you make for you and your family. As a family physician, Dr.Duggirala can evaluate and treat most of your medical problems and can decide when further testing is necessary. If the need arises, Dr.Duggirala can also recommend the best specialist for your needs.

About Amar Duggirala, DO, MPH

Dr. Duggirala is board certified in Family Medicine. He has been practicing in Poolesville since 2006. He completed his Bachelors degree at the College of Environmental & Biological Sciences at Rutgers University. Dr. Duggirala earned his medical degree from Midwestern University - Arizona College of Osteopathic Medicine. He completed his family medicine residency at Georgetown University/Providence Hospital. He also served as chief resident at Georgetown in the Department of Family Medicine.

He went on to do a primary care research fellowship through a joint program at the University of Maryland School of Medicine and the Johns Hopkins University Medical School. He has also earned a Master degree in Public Health from the Johns Hopkins Bloomberg School of Public Health.

He has published research and presented at national medical research meetings. His areas of research have included quality of medical care and pediatric obesity. He has also received two national awards for his research work in quality of medical care. Dr. Duggirala's interests include pediatrics, care of chronic diseases (such as diabetes, hypertension, and high cholesterol), and preventive medicine. He does practice a full scope of family medicine which includes minor surgery, orthopedics and sports medicine, and gynecology.

In his spare time, Dr. Duggirala enjoys traveling with his wife, cycling, reading historical novels, and playing with his sons.

To learn more about Family Medicine and Family Physicians, visit www.familydoctor.org

To learn more about Osteopathic Physicians, visit www.osteopathic.org

Office Visits

As a family practice, we offer office visits for acute illnesses, chronic medical conditions and annual physicals. Whenever possible, we offer same-day office visits for urgent illnesses.

Dr.Duggirala recommends all his patients receive annual physicals to maintain their health, but especially for children under age 18 and adults over age 50. If you have chronic medical problems requiring prescription medication, we do require regular office visits at least every 6 months (or more often based on your medical problems and medications).

House Calls

Dr.Duggirala does offer house calls for patients who need to be seen on an urgent basis but cannot come into the office. House calls are by appointment only and based on availability. They are usually done at the end of the work day. House calls are not done on weekends.

Labs

We draw labs (blood tests) in our office in order to provide our patients with convenient and cost-efficient care. Many lab tests we draw can be completed the same day in our office (ie, in-house labs), often before you even finish your appointment.

For some patients, it is cheaper for them to have their labs sent to Quest rather than being done in in-house. Our lab fees are usually less expensive than Quest or Labcorp (often up to 50% less), but due to contractual obligations, your insurance may cover more of the cost if they are sent to an outside lab.

If you prefer to have all your labs done at Quest, you do need to let the nurse and Dr.Duggirala know before your blood is drawn. Also you will need to remind us each time you get your blood drawn to have your blood tests sent to Quest. If we are not told that your labs need to be sent to Quest, they will be done in our office (in-house).

We cannot send labs to any lab other than Quest. So if due to insurance reasons you need to have your lab tests done at Labcorp or a different outside lab. We will need to give you a referral and you will need to have the blood drawn at a Labcorp drawing station.

Prescription Refills

If you are on long-term prescription medications (such as those for high blood pressure, cholesterol, diabetes, depression, etc), we are happy to provide refills of your medications.

Always call your pharmacy FIRST for refills, as you may have refills left. If you have no more refills available they will contact us.

Dr.Duggirala usually provides enough refills at each visit, so you have enough medication until you are due for either bloodwork or a follow-up office visit with him. When you are out of refills, this is a reminder to both you and him that you need a follow-up. All long-term medications need follow-up on a regular basis to make sure it is safe to continue them and that they are working properly. We do require patients on long term medications make follow-up appointments in advance in order to get regular refills.

Please let us know which pharmacy you use when you call or email us for refills. We can send 30 day or 90 day refills based on your preference, and if deemed appropriate by Dr.Duggirala. We can send prescriptions to mail order pharmacies but you do need to provide us the information for your mail order pharmacy (name, address, phone, fax number).

Dr.Duggirala does not refill antibiotic prescriptions. You must call the office to make an appointment if you feel you have an infection that needs antibiotics.

Please be sure to ask for refills at least 7 days before your prescription runs out. We are happy to refill medications for our patients, but we must be provided enough time to research and confirm your medications and send the confirmation to the pharmacy. This also provides enough time for the pharmacy to fill your prescription.

DEA Controlled Medications

The Federal Drug Enforcement Agency regulates controlled medications (including those for pain, anxiety, sleep disorders and Attention Deficit Disorder). These are strictly regulated and non-compliance with the law can result in fines and possible incarceration. Therefore Dr.Duggirala believes that these medications must be used only when medically necessary and that all medical and legal guidelines be strictly followed.

In accordance with these guidelines, DEA controlled medications will only be written prescriptions for 1-3 month supply with no refills, based the type/schedule of the controlled medication. If a patient is on long-term Schedule II DEA controlled medications (such as Vicodin Adderall, Ritalin, etc), they will need to call the office every 1-3 months to get a refill. Some DEA controlled medications, such as Schedule II medications, require a written prescription, and cannot be called or faxed into the pharmacy. **DEA controlled medications will NOT be refilled outside of regular office hours, so do NOT call Dr.Duggirala on evenings or weekends for refills of DEA controlled medications.** Patients on Schedule II medications will need to be seen at least every 3months for a medication follow-up, and more often if there are medication or dosing changes.

All patients on long term DEA controlled medications will sign a Controlled Medication Contract with Dr.Duggirala. This contract will explain the guidelines under which a patient will receive long term controlled medications.

If a patient is not following up with Dr.Duggirala on a regular basis or is in violation of the Controlled Medication Contract, they will no longer receive refills of the medications and maybe discharged from the practice.

Practice Responsibilities

As your primary care physician, Dr.Duggirala and his staff will strive to provide you with the best medical care possible, including:

- Provide comprehensive and high-quality primary medical care
- Treat all patients with respect, dignity and compassion
- Offer same-day appointments for sick visits, whenever possible
- Communicate with you about all test results in a timely manner
- Keep all of your personal and medical information private and confidential

To provide the best care possible, Dr. Duggirala offers many services beyond most primary care physicians:

- He is on-call for his patients 24/7. You may call him on his cell phone anytime after regular office hours. His cell phone number is on the office voicemail. After-hours calls are strictly for urgent issues. It is not for prescription refills or making appointments. This is a courtesy service for his patients. He values his private time with his family and appreciates the courtesy that his patients have shown him to only call him for truly urgent matters. Do not call Dr.Duggirala on-call (after hours or on weekends) for prescription refills. Refills will be done during office hours only.
- He offers house calls for patients who need to be seen on an urgent basis but cannot come into the office. House calls are by appointment only and based on availability. They are usually done at the end of the workday. House calls are not done on weekends and holidays.
- We have a patient portal (a secure website) where patients can get test results, send secure email to Dr.Duggirala or his staff, get copies of their medication or immunization list, or ask for prescription refills and appointments. We offer this premium service free of charge to our patients. There is a link to our patient portal at our website www.poolesvillefamilypractice.com
- Since many labs are done in the office, you can often get test results the same day or even before you leave the office.

Medical Records

We will provide copies of your medical records in a timely fashion (usually within 7 days). If you require a copy of your entire medical record, we will place it on a flash drive. We only charge for the cost of the flash drive. Please check with our office for our current charge for the flash drive. We do this for the convenience of our patients, but also to reduce cost to our patients. Current charges for paper medical records, as regulated by the State of Maryland, are significantly higher.

Please remember that each patients medical record is the property of Poolesville Family Practice, though you are always entitled to a copy of the medical records, the records themselves must be kept by the practice as required by law.

Patient Responsibilities

In order to provide the best medical care possible we ask the following from our patients:

- Keep us informed of up to date personal and insurance information. We will ask you to fill out new personal and insurance information at least once a year or whenever it changes so we may bill you and your insurance company properly. We do ask that you bring your insurance card and picture ID to EVERY visit.
- To come to all appointments on time and inform us in a timely fashion. If any appointments need to be cancelled or rescheduled we require 24 hour notice for cancellation all appointments. We do charge for missed appointments or appointments not cancelled as required. The current charges for missed appointments are posted in the office and on our website.
- Timely payment of all bills. We do submit your bill to your insurance company, but you are ultimately responsible for the bill. If a bill is mailed to you, we expect payment within 30 days of receipt. If it is not paid within 30 days, you may be charged a finance charge and late fees. Please check with our office for current finance and late charges. If the bill is not paid within 90 days, your account may be sent to collections and you may be discharged from the practice.
- Providing an accurate and complete medical history.
- Treat our staff and other patients with respect and courtesy.

If we feel that a patient has not lived up to their responsibilities, we may decide that it is in the practice's best interest to end the Doctor-Patient relationship. If this occurs the patient will be given notice from Dr.Duggirala and he will provide emergency care only, for up to 30 days. It will be the patient's responsibility to find a new primary care physician within that time. If a

patient needs to find a new physician, we recommend they call their insurance company or the Montgomery county medical society (301-921-4300) for a referral.

Payment of Bills

As a small family doctor's office our existence and income is based on our patient's timely payment of bills. Because we do not contract with any private insurer, our income is mostly generated by patient payments.

We do expect payment at time of service. As a courtesy, for some private insurances, we will submit the bill to the insurance and after we receive their payment and EOB (Explanation of Benefits) then bill the patient for the remaining balance. If we send your bill to your insurance company first, once you get your statement for the remaining balance, we do expect payment within 30 days.

For patients who have not yet met their deductible, we do expect full payment of their bills at the time of service until their deductible is met.

To lower the upfront costs of medical care, we do have a *Standing Credit Card Authorization Plan*. Under this plan, patients will pay 25% of their bill at the time of service and sign a standing credit card authorization that allows the office to automatically charge their credit card when we receive the explanation of benefits (and payment, if any) from their insurance. If we do not receive an explanation of benefits from the insurance within 60 days, the credit card will be charged the entire remaining balance of the bill.

For patients who do not make timely payments (either at time of service or within 30 days of their bill), there may be finance charges and late fees. If it is not paid within 90 days, the account may go to collections and the patient may also be discharged from the practice. Please call the office for current finance charges and late fees.

If you are having financial problems or do not have insurance, please talk to our office about working our payment terms.

Missed Appointments

In order to offer timely and convenient appointments to all of our patients we ask that our patients come to their appointments on time and let us know at their earliest convenience when they have to cancel an appointment.

We have the following charges if a patient misses an appointment or does not cancel the appointment at least 24 hours before the appointment:

Missed Nurse's visit: \$20

Missed Doctor's visit: \$35

Missed Annual Physical Visit: \$50

We reserve the right to change the missed appointment fees at any time, please refer to the posted signs in our office or the practice website (www.poolesvillefamilypractice.com) for the most up to date fees.

Insurance Issues

To allow us the freedom to spend as much time as our patients need and allow medical judgment to be the sole reason that directs their care, Dr.Duggirala does not contract with private HMO or PPO insurance.

Poolesville Family Practice is NOT contracted with any private insurance company (we are only contracted with Medicare). A patient's bill would probably be lower if they were to go to a doctor contracted with your insurance, however we do believe patients will receive better and more personalized care in our practice.

The patient is responsible for the payment of the bill at time of service or through the *Standing Credit Card Authorization Plan*. The office may submit the bill to a patient's insurance company, but any portion of the bill that is not paid by the insurance company is the responsibility of the patient. Our payment contract is with the patient, not the insurance company, so the patient is ultimately responsible for all bills. If we do not receive an explanation of benefits from the insurance company within 30 days (the maximum time allowed for insurance companies to submit explanation of benefits to a doctor's office in the state of Maryland), then the remaining balance of the bill will be the responsibility of the patient. The patient can be given a copy of the bill to submit on their own to their insurance company.

If a patient has HMO insurance, neither the patient or our office is allowed by law to submit this claim to the HMO insurance company. So a patient is not allowed to send any claim from our office to an HMO insurance company for reimbursement, as there may be legal implications.

Frequently Asked Questions

Why doesn't Dr.Duggirala take my insurance?

Dr. Duggirala's only concern and responsibility is to his patients. By not contracting with insurance companies he is not burdened by their rules and red tape. He believes that only a doctor and patient should be making medical decisions, not insurance companies.

Not contracting with insurance companies allows Dr.Duggirala to:

- Spend more time with his patients
- Allow for same day sick visits
- Reduce costs by having less administrative overhead
- Allow medical judgment to be the sole reason that directs their care.

How do I get reimbursed by my insurance company?

As a courtesy to you, we will submit your bill to your PPO or POS insurance plan and you will pay the difference of what is not covered by your insurance company. Payment is expected at the time of service for some insurances (such as Blue Cross/Carefirst), as they often do not send us any payment. HMO plans do not allow any out-of-network provider to be reimbursed. So if you have a HMO plan, neither we nor you are allowed to send the bill to your plan (as stated by Maryland law).

I am concerned about my out of pocket cost?

Our fees are similar to most in-network physicians (and often much lower than other practices in Montgomery County), but since you are going 'out-of-network' you may be paying more out of pocket.

By having a convenient doctor's office with short wait times, same day appointments, and lab draws in the office, you will be saving valuable time, getting personalized service and getting good value for your healthcare dollar.

Do you accept Medicare?

We accept Medicare. Please call the office to find out if we are currently accepting new Medicare patients.

Do you accept Medicaid?

We do not accept Medicaid.

Medicare

Dr.Duggirala is contracted with Medicare. So the bill for Medicare beneficiaries will be sent to Medicare and the patient (or their secondary insurance, if they have one) will be responsible for the co-payments. We do not contract with Tricare (insurance for military members and their families) or other secondary insurances, so the patient will be responsible for co-payments.

Medicare is currently going through many changes and it is often changing its rules on what services it pays for, how much it pays and how often the patient can get certain services. We always try to keep our patients informed when these issues may impact them, such as with Advanced Beneficiary Notices (ABNs).

Medicare is also moving from paying just when a patient needs sick care (“fee for service”) to trying to keep patients healthy. In doing this they do expect primary care physicians, such as Dr.Duggirala, to provide specific services to keep Medicare patients healthy. These services include annual wellness exams, chronic care management, hospital follow-up appointments, etc. Dr.Duggirala does want his Medicare patients to use all of their Medicare benefits and take all reasonable measures to keep his patients healthy. Therefore he does ask his Medicare patients to comply with all of the recommended services above.

Medicare ABN Forms

What is an Advanced Beneficiary Notice or “ABN”?

An ABN is a form that lets a patient know that they may have to pay for a test their doctor has ordered if Medicare refuses to pay for it. The ABN helps the patient to make an informed decision about whether to obtain the service and pay for it or choose not to receive it. (If a patient decides not to receive a test the doctor ordered, they should notify their doctor that they did not get the ordered test.)

Why won't Medicare will pay for this test?

Medicare pays only for tests that **it** considers medically necessary. This may differ from whether the doctor thinks it is medically necessary. If the diagnosis given by the doctor is not one of the diagnoses Medicare will accept for that test, the test will not be considered medically necessary by Medicare and Medicare will not pay for the test.

If Medicare says the test is not medically necessary, then why perform it?

Dr.Duggirala has made a medical judgment that the patient needs the test. When Dr.Duggirala says a test is medically necessary he considers a patient's personal history, the medications being taken and current standard medical practices. Medicare often believes a test is not medically

necessary for all medicare patients, but Dr.Duggirala may believe that it is medically necessary for that patient's particular condition.

Is paying out of pocket for diagnostic tests for Medicare patients something new?

The ABN is not new — it has been around for many years. There have been recent changes in how Medicare pays for diagnostic tests and these changes make it more likely that Medicare may not pay for a diagnostic test.

Why does a patient need to sign the ABN?

If a patient receives an ABN that means that we think that Medicare may not pay for those services. We ask patients to sign an ABN whenever Medicare may deny payment for the specific test the doctor has ordered to document that we have notified the patient that they will likely be responsible for the bill. We do this even if there is only a small chance Medicare may not pay for it, so that the patient is aware that they may be responsible for the bill.

Must a patient agree to the ABN?

No, there are three choices.

- 1 . The patient may agree to the ABN and have the test performed. If Medicare denies payment the patient will be responsible for payment.
2. The patient may refuse the service and choose not to have the test performed. However, by not having the test performed, the patient will be going against the medical advice of Dr.Duggirala. If the patient chooses not to have the test performed the patient needs to notify Dr.Duggirala that they do not want to have the test done, so Dr.Duggirala may discuss alternative tests, if any.
3. The patient may refuse to sign the ABN and go ahead with the testing. A witness will sign the ABN to indicate that the patient has been advised of the ABN, refused to sign it, but still wants the test performed. Under Medicare guidelines, the patient may be held liable because they were notified of the likelihood of a Medicare denial.

Will the patient be billed immediately for any services that require an ABN?

The office will always bill Medicare first, even if we think there is a strong possibility it may be denied. The patient will be responsible for the entire amount of the billed services only if Medicare denies the claim. The patient may appeal the denial with Medicare if they think

Medicare's decision is in error. If Medicare denies the claim it is the patient's responsibility, not that of Dr. Duggirala or Poolesville Family Practice, to appeal the denial. If the services are covered by Medicare, the patient will still be responsible for any co-payments.

How much will the test cost?

The estimated cost for the test(s) will be listed on the ABN. The costs of some tests sent to Quest lab may not be available at our office and the patient will need to contact Quest to find out the cost prior to getting the tests done.

Will supplemental (secondary) insurance pay for the test if Medicare does not?

Maybe. If a patient has a supplemental insurance policy they should contact the insurance company and ask whether the policy covers diagnostic tests not covered by Medicare. If so, the patient should ask how to submit claims for payment under the policy.

Must I sign an ABN every time a new test is done?

No. It all depends on the test and the reason for ordering it on that visit. The patient will be asked to sign an ABN only when there is good reason to think that Medicare may deny payment for the test ordered.

How do I contact Medicare?

You can call them toll free at 1-800-MEDICARE (1-800-633-4227), or visit www.medicare.gov

Office Forms

The following pages have all our office forms. Not all the forms may apply to you specifically, so be sure to ask the receptionist if you need to fill out a new form and if it is needed for you.