



PRACTICE POLICIES

If you haven't noticed already, this clinic is set up differently than a traditional medical office. There is no receptionist, medical assistant or billing specialist. Having no additional staff means you will have more direct and personal contact with me regarding all aspects of your health care, which I believe will give us both enormous satisfaction. However, it also means that some of the clinic policies may be a bit different from what you're used to. Please read below about the policies specific to this clinic. If you have questions about anything, please contact me directly.

Respect Policy: Mutual respect, honesty, integrity, understanding, patience and compassion are at the core of the patient-physician relationship and should guide all processes therein.

Office Hours: The office is routinely open Monday, Wednesday and Friday 10-5. Tuesday evenings and Saturday mornings are usually available for acute same day visits or by prior arrangement. Office or home visits at any other time may be possible by prior arrangement, but subject to a \$25 "After Hours Care" surcharge. Phone/email visits may also be an option for after hours care.

"Open Access"- Same Day appointments: There will usually be same-day appointments available in AppointmentQuest on Mon, Wed, and Fri, as well as Tuesday evening and Saturday morning for patients with acute symptoms that need to be seen right away. If all visit slots are filled, and you still need an appointment, call Dr. Davis to make arrangements. The office is not currently able to take walk-in visits.

Appointment Scheduling: As an established patient, please use my webpage link to the online scheduler AppointmentQuest to schedule routine visits. If you are having trouble finding a time that works for you, then please email or call. If you need an urgent appointment within 24 hours, please call the office number directly.

Late Policy: I hope once you realize you will be seen on time, you won't have any reason to show up late! Still, I understand that on occasion it is impossible to be on time. If you do show up late, we will discuss your options. If my next patient is not due for some time, we may decide to proceed with your visit. Depending on the timing, this may need to be a shorter appointment than you would have had otherwise, and we may need to limit ourselves to discussing only your most pressing issue. Alternatively, we may decide we need to reschedule for a different day. If this happens, you will be charged the relevant cancellation fee. Conversely, if I ever keep you waiting more than 5 minutes past your scheduled time, I will give you \$5 cash!

Form Completion Policy: All paper forms, (school physicals, FMLA, etc) should be submitted for completion at the time of service. Most forms need an appointment in order to be filled out. Forms that are not completed at an appointment may be subject to a completion fee depending on complexity and the length of time needed to complete the form.

Antibiotics: I will rarely prescribe antibiotic medications over the telephone. With improved access to acute patient visits, an appropriate physical examination will normally precede antibiotic prescriptions.



Narcotics and controlled substances: I do not prescribe narcotics except in extremely rare circumstances. In these circumstances, patients requiring narcotics and/or controlled substance medications for longer than a one month period for acute medical issues will be required to sign a contract stating they will receive their controlled substance prescriptions only from Dr. Davis and from a single pharmacy agreed upon by the patient and Dr. Davis. Any patient that becomes a registered patient while already using controlled substances will be asked to submit a urine sample for a chemical dependency drug screening. If results of the screening are positive, this will not result in punitive action, but will guide me in arranging appropriate medical management of substance abuse problems.

Pharmaceutical Samples: I do not provide pharmaceutical samples. Pharmaceutical representatives or advertisements for pharmaceutical companies are not allowed in the office.

Emergency cell phone access: I can be reached by cell phone in the event of an urgent issue or an emergency. All non-urgent issues should be addressed via email and office phone message. I check the office phone messages throughout the day, but may not have time to return calls until the end of the workday. For a life-threatening emergency, always call 911 immediately.

There may be rare times when I will not be able to return your urgent call to my cell phone promptly (such as my cell phone battery dying unexpectedly, or driving through an area of poor cell reception) and what was an urgent situation becomes an emergent situation. In these cases, please don't delay in seeking emergent care or calling 911.

Vacations/Conferences: There will be times when I will be out of town or otherwise unreachable. Dates of upcoming vacation plans will be posted on my website, and emailed directly to patients. If you have an urgent health question or need to be seen while I'm away, call my main office line. In general, I will continue to take phone calls as long as I have cell phone service. If I am truly going to be unreachable, the message on the phone will explain how to reach the covering physician who can assist you.

Refills: Refilling prescriptions consumes a surprisingly large portion of staff time in a standard medical office. As I will be operating this clinic without staff, I will not be able to refill prescriptions outside of office visits. When I write a prescription, I will give you enough refills to last at least until your next scheduled office visit. If your refills are running low, it likely means it is time to schedule your follow up appointment! Sometimes, this can be accomplished with a phone or email visit. For medications that aren't used every day of the year, like allergy or headache medications, this policy will require you to be mindful and anticipate future refill needs during your current appointment. If all else fails and you end up needing an emergency refill outside of an office visit, call my office line with the drug name and dosage as well as the pharmacy phone number. I will attend to it on the next business day. You will be charged a \$15 administrative fee for this service for the first prescription, \$5 for each additional prescription.

Please do NOT have your pharmacy contact me for refills. These refill requests are often auto-generated at the pharmacy or are simply incorrect, and I ignore them. You must contact me personally if you need an emergency refill outside of an office visit.

Outsourcing of Clinical Services: Clinical services such as laboratory blood draws, x-rays, imaging



studies, etc., are referred to local radiology and laboratories.

Routine and Acute Gynecological Care: I offer acute (new and urgent) gynecological care as well as routine gynecological screening exams. However, I cannot guarantee a chaperone during gynecologic exams, so please bring your own chaperone to all gynecological visits and abdominal pain visits if desired.

Cancer Screening: I am now a participating provider with the NYS DOH Cancer Services Program through Saratoga Hospital, which provides free breast, cervical and colorectal cancer screening for uninsured and underinsured women and men. This grant-subsidized service is available to patients of Meliora Family Medicine, as well as the general public.

Perfumes/Colognes and other scents: Due to the amount of allergies and sensitivities of patients to different environmental products, I ask that all patients refrain from wearing perfume or cologne while in the office.

Vaccinations: I respect the patient and parent's right to choose whether they wish to be vaccinated or not. I believe my job is to provide balanced information and have a discussion of risks and benefits to allow you to make informed decisions. Meliora Family Medicine does provide certain childhood and adult vaccinations. However, I currently do not carry most of them in stock, and may need to order them in advance of visits. If you are interested in a specific vaccine, please let me know in advance. Patients in need of vaccinations may also be referred to vaccinating pharmacies or other Health Department clinics for vaccinations that I do not carry.

Inpatient Hospital Coverage: I do not currently have admitting privileges at any local hospital. In the event of a hospital admission, care would be assumed by the hospitalist service. I will routinely provide coordination of care via telephone/email/fax with the hospitalists and specialists involved in your care. If additional coordination is necessary in special circumstances, (such as participating in family meetings) I can arrange to do a hospital visit, charged at the usual hourly rate.

Termination of the Doctor-Patient Relationship: You may terminate our relationship at any time for any reason. I would appreciate communication from you expressing your desire for termination, but it is not required. Likewise, I may terminate our relationship at any time. Generally, I will reserve this measure for patients who are not abiding by the stated policies, are delinquent in paying bills, or are disrespectful to me, my clinic, or their own health. If I choose to terminate our relationship, I will notify you in writing. You will then have 30 days to find a new physician, during which time I will be available to you for urgent health issues only. You may request a transfer of medical records to your new physician.

Insurance companies: I have chosen not to contract with any insurance companies. The vast majority of health plans do not allow a contracted provider to have patients pay at the time of the visit. This requires practices to spend significant time and overhead on billing and tracking down denied payments. This drives up overhead costs, which drives the office to see more people to break even, so you end up paying for it with shorter visits.



1. Private Insurances: Patients with any insurance can enroll in the practice, but your insurance plan is between you and your insurance company. Dr. Davis does not contract with any insurance plans, and is therefore considered an "out of network provider."

After you pay for services provided by Meliora Family Medicine, we will give you a form that you then mail to your health insurance company. Your insurance company then determines your reimbursement based on the terms of your plan. You will continue to give your insurance information to the lab, specialist office, or hospital for services outside of Meliora.

Certain HMO's usually require you to have an "in network provider" for referrals outside of Meliora to be covered. This may include all labs, tests and specialist referrals. Be sure and check your plan's details regarding their practices, as this is your responsibility.

The annual access fee itself is not covered by any insurance.

2. Medicare: Patients with Medicare are welcome to join the practice, but Dr. Davis is not contracted with Medicare. She is considered "opted-out". Any services provided by Dr. Davis are not covered and not reimbursable by Medicare due to federal regulations. This means that you will need to sign a private contract and pay out of pocket. Services ordered by me, such as your prescriptions, oxygen therapy, physical therapy, home health care and the like, will continue to be covered by Medicare, as long as you are not enrolled in a Medicare HMO plan. You must find out the rules of your particular agreement.

As long as your Medicare service provider is not an HMO, services provided by other facilities and physicians who are contracted with Medicare will continue to be covered by Medicare, even if you are a member of my practice. If it is an HMO plan, you will likely still need an "in-network provider" to order labs, test, and referrals. Be sure to check the details.

3. Medicaid: Patients with Medicaid are welcome to join the practice, but Dr. Davis does not accept Medicaid payments. Please discuss your situation with Dr. Davis directly to see if any financial assistance is available.

4. Uninsured: Dr. Davis hopes that patients without insurance will find Meliora Family Medicine a refreshing change. Meliora's fee schedules are designed to make primary care affordable and accessible to everyone, insured or not. By publicizing fees and keeping them very simple, Dr. Davis hopes to help consumers make educated decisions about healthcare costs and the value they get for their money.



PRACTICE FEES

General Information

Registration Fee: One time fee due upon joining the practice. The amount is equal to \$100 plus 25% of the yearly fee. This represents your commitment to being an involved member of the practice and covers the additional time and effort Dr. Davis puts into her new patient visits. (Reviewing old records, creating a new chart and entering prior information).

Membership Fee: Annual fee (can be paid in quarterly installments). Covers the following:

One annual wellness visit	Lower visit fees
Longer appointment times	Coordination of care with specialists
Email access	24/7 emergency cell phone access
Same day appointment access	Expertise in Integrative, Holistic Medicine

Visit Fees: Based on an hourly rate. Applies to each visit except the wellness visit. Additional charges may apply to cover costs of procedure supplies and vaccinations. There is a flat fee for brief phone/email visits, hourly rate applies for extended phone/email visits.

After Hours Fee: \$25 surcharge may be applied for visits that occur outside of regular hours.

Insufficient Funds Fee: If your check is not cleared by your bank for insufficient funds and Meliora Family Medicine is charged, the patient is responsible for payment of the fee and will be assessed an additional fee of \$30 for the inconvenience and time needed to rectify the situation.

No Shows/ Cancellations: Three unexplained no-shows in the span of one year will result in dismissal from the practice. **Appointments that are cancelled with less than 24 hours notice will incur a \$30 fee for a 30 min visit, \$60 for a 60 min visit and \$100 for a New Patient visit cancellation.**

Quarterly Payment Option: Quarterly payments are **due by the first day** of each quarter, for access during that coming quarter. (**Quarters begin January 1, April 1, July 1. and October 1 of each year**). If the full quarterly payment is not received in the office by the first day of the quarter and no written notification for opting out of the program is received, a bill will be mailed to the participant, and a minimum of \$10 billing fee will be assessed for each bill. The participant will not receive notification beyond this document prior to the bill and the \$10 billing fee.

If payment in full is not received by the 15th of the first month of each quarter, emergency medical care only will be provided through the end of the month and the physician-patient relationship will be officially terminated at the end of that month. Any outstanding balance will be turned over to a collection agency at that time.

Medical Records Fees: The standard fee for copying medical records in NYS is 75 cents per page. This may be waived in certain cases, such as transferring information to another physician involved in your care.



PRACTICE FEES

Specific Plan Options

PLAN A: "Affordable Access"

Who Should Sign Up for Plan A?

This plan is intended for individuals and families ages 64 and younger. Its purpose is to encourage healthier individuals to invest in wellness, thereby preventing future illness. It also provides access to a physician at costs generally less than other outpatient facilities when illness occurs.

Cost of Plan A:

ADULTS: \$360 per year per person for ages 25-64. (\$30/month per member)

CHILDREN:

Ages 0-24 months: \$120 per year. (\$10/month per member)

Ages 2-24 years: \$240 per year. (\$20/month per member)

Maximum access fee for a family will be \$1000 annually.

Included in Plan A:

FREE: One annual wellness visit, (ages 2 and up) which will provide an individualized plan on how to achieve wellness at your current time and place in life. No additional payment at the time of the annual wellness exam is required. It also encompasses an annual well child visit or school physical for members 2-24 years of age.

OFFICE VISITS: will be billed on an hourly rate of \$120 per hour. Most visits will be 30-60 minutes long.

For babies up to 2 years old, recommended well child checks at 1 wk, 1, 2, 4, 6, 9, 12, 15, and 18 months are also billed at \$120 per hour.

HOME VISITS: offered when medically indicated. Also billed on an hourly rate of \$120 per hour, including travel time. (Travel time waived within 5 mile radius of the office)

ONLINE "E- VISITS": \$25 per visit

PHONE CONSULTATIONS: Basic: \$25 for a 10-15 minute visit. Extended (20 minutes or longer): \$120 per hour in increments of 5 minutes.



PLAN B: "Balanced Budget"

Who should sign up for Plan B?

This plan is available to those of any age, but is ideally meant for individuals on Medicare, and individuals with chronic health care issues that require frequent visits with the physician. This plan may also appeal to individuals and families that budget their healthcare cost and prefer predictable costs for outpatient medical care. This may include people without insurance, or those in HMO plans who will not get reimbursed by their insurance company.

Cost of Plan B:

ADULTS: Annual fee \$900 per person per year (\$75 monthly).

CHILDREN: Fees are per child for the first 2 children. Additional children may be added at no additional fee.

Ages 0-24 months: \$900 per year. (\$75/month per member)

Ages 2-24 years: \$600 per year. (\$50/month per member)

Included in Plan B:

FREE: One wellness visit, which will provide an individualized plan on how to achieve wellness at your current time and place in life. No additional payment at the time of the annual wellness exam is required. It also encompasses an annual well child visit or school physical for members 2-24 years of age. For babies up to 2 years old, it includes all recommended well child checks at 1 wk, 1, 2, 4, 6, 9, 12, 15, and 18 months.

LOW VISIT COSTS: All office visits, phone consultations and E-mail visits are \$20 per visit, up to 30 minutes. Each additional 30 minutes is \$20. (Overall rate of \$40/hr).

HOME VISITS: offered when medically indicated, are \$100 per visit.

OFFICE PROCEDURES: such as mole removals, joint injections, laceration repairs, and other procedures will be listed on the fee schedule in your agreement.



Plan C: "Customized Charges"

Custom made plans available for select individuals who are uninsured or under-insured, and who qualify financially.

A sample plan for adults:

\$360 per year membership

Free wellness visit

\$40 per hour visit fees

A sample plan for children:

\$360 per year membership

\$25 per wellness visit

\$40 per hour for additional visits

Please contact Dr. Davis directly regarding availability of scholarships and sliding scale memberships.

PAYMENT OPTIONS

1. **PAID IN FULL:** by cash, check, or credit card. Due January 1st of each year. The access fee will be prorated during the first year depending on when you sign up. For example, someone signing up July 1st (halfway through the year) would pay 50% of the annual fee.

2. **QUARTERLY PAYMENT PLAN:** by cash, check, or credit card.

- Starting in 2010, payments are due on the first day of each quarter, for services during the coming quarter. Quarters begin on January 1, April 1, July 1 and October 1.
- There is an additional \$25 annual billing fee for the quarterly plan, if you prefer bills sent to you. However, if payment is received on or before the last day of the quarter due, no bill will be mailed to you and the billing fee will not be assessed.
- We recommend putting Meliora on a bill payment program (through your own bank or Paypal) to avoid billing fees.

Please Note:

- Annual fees are non-refundable and not reimbursed by insurance. Talk to your tax advisor regarding applying this fee to your medical expenses tax deductions.
- Services provided by Meliora Family Medicine may be reimbursable through your health insurance. These services will be considered "out of network." For those seeking reimbursement from an insurance company, documentation will be provided to you at the end of office visits, using the traditional coding format so you will be more likely to receive your reimbursement.
- Most medical services provided outside of Meliora Family Medicine (e.g., labs, x-rays and hospital charges) will continue to be covered as described by your health plan if you wish to request reimbursement from your insurance company. However, if you have an HMO plan, "out of network" benefits are not likely to be covered.
- Meliora Family Medicine accepts patients who are on or eligible for Medicare under private contract terms. Any services provided by Meliora are not reimbursable by Medicare. Services, blood work, prescriptions and x-rays offered outside Meliora are covered by Medicare, even if ordered by Dr. Davis, as long as you are not on a Medicare Advantage (HMO) program.



EMAIL POLICY

E-mail is fast, convenient, and efficient. E-mail works well for many non-urgent questions, requests or messages you may have for your doctor. The most important thing you should know is that the confidentiality of e-mail exchanges cannot be guaranteed. While the security of standard e-mail is comparable to other types of communication (such as phone calls), there are some special issues with e-mail:

- If your e-mail address is a family address, other family members may see your messages.
- If your e-mail address is through your employer, your employer may own all e-mails sent to that address
- If you use an internet service provider, there is a small risk that messages may be intercepted by others (“hackers”).

What types of communication are appropriate for standard e-mail?

- Prescription refill requests
- Appointment scheduling concerns or questions
- Non-urgent medical advice or follow-up (including some types of test results)
- Billing/insurance questions

The following subjects are never appropriate for standard e-mail:

- Any urgent medical problem or emergency
- Mental health issues
- Drug and alcohol problems
- HIV and other sexually transmitted diseases

How do I communicate with Dr. Jessica Davis via e-mail?

Send your e-mail to jessicadavismd@onebox.com

You can expect a response to your e-mail question or message usually within 24 hours. On weekends or holidays or if Dr. Davis is away on vacation, then it may take up to 48 hours for a response. If you do not get an e-mail reply within the expected time, you should assume that your e-mail was not received. You should then call the office with your question or request.

Please keep in mind that although e-mail can be a very effective tool, it is not a substitute for a physical exam or face to face counseling by your doctor. If Dr. Davis determines that a discussion is not appropriate for email, you will be asked to schedule an appointment. This may be able to be done as an e-visit, phone visit or office visit depending on the situation.

Is there a way to send confidential messages to my doctor?

Emails sent **from** Dr. Davis that contain personal health information can be sent using a password protected system through Onebox.com. If you receive one of these secure emails, you can then reply to the message using the same secure system.