



Office Policies and Patient Acknowledgement

Office Hours

- Monday, Tuesday, Thursday, Friday 8am to 4:30pm and Wednesday 8am-12pm
- We are closed daily for lunch from 12:00pm to 1:00pm

Appointments

- Appointments may be scheduled during normal office hours by calling our main number 864-365-0200. If you are a new patient, you should arrive 30 minutes prior to your scheduled appointment so we may complete the registration process. Please bring your insurance card(s) with you as we will need this to file your insurance and verify benefits. We also need you to bring your driver's license or some form of photo identification.
- It is very important for you to bring all your medications and your medication formulary (which is provided by your insurance company) with you for each visit to our office.
- Please be advised you may be subject to a \$50 penalty for missed office visits and \$100 penalty for missed complete physical visits, if these appointments are not cancelled within 24 hours of your scheduled appointment time.

Emergencies

- For after-hours care which does not require immediate medical attention, please call our office at 864-365-0200. Our answering service will contact the "on call" physician. The on call physician will triage your situation and direct you to the emergency room, urgent care, or a follow up office visit. If you have an immediate concern which cannot wait, please proceed directly to the emergency room.

Rx Refills

- Prescriptions will be refilled at your regularly scheduled office visits. Please bring all of your medications and your drug formulary (provided by your insurance company) to each of your office visits.
- Any phone requests for prescriptions refills will be called to your pharmacy within 24 to 48 hours. If your prescription requires prior authorization by your insurance company, this process will take longer.
- You may be subject to a \$25 prescription refill charge at the discretion of the physician.

Insurance and Finances

- Please be advised your insurance is a contract between you and your insurance company. We will be happy to file your insurance; however you are ultimately responsible for payment your bill for all medical services rendered to you. You are also responsible for providing our office with complete and accurate information pertaining to your insurance coverage at each office visit. Please promptly notify us of any changes in your insurance plan.
- Copayments are required at the time services are rendered unless prior arrangements have been made. We accept most major credit cards, cash and checks. We do accept assignment for Medicare, however if you are not covered by a Medicare supplement plan, please be prepared to pay the 20% co-insurance, and payment for non-covered services. Balances that become past due and become subject to collection activity will have an administration fee of 25% added to the balance. Patients in a collections status will be required to pay the balance due before being seen.
- We are participating providers for several managed care insurance plans, and we will adhere to the rules and policies set forth by those plans. You are responsible for all co-payments and any deductibles at the time of your office visit, and prior to any scheduled surgery. Please call your insurance company, prior to your visit, to determine if pre-certification is required for any of your visits or procedures, and notify our staff promptly. Your insurance company may deny your bill for these services, if a pre-certification has not been done.
- Covenant Internal Medicine strongly believes in the value of preventative medicine. Therefore, annual physicals are encouraged for all of our patients. Please check with your insurance company prior to your annual physical to determine if they will pay or be prepared to pay this amount in full.
- For all billing and insurance related questions, please contact our Practice Manager at 864-365-0200.

I understand and agree to the office and financial policies of Covenant Internal Medicine as outlined above:

Patient Name: _____

Signature: _____

Date: _____