

Welcome to Our Practice

Greater Baltimore Medical Center (GBMC) Health Partners welcomes you to our practice. We're dedicated to providing you with the kind of care that we would want for our own loved ones.

This **Welcome packet** is designed to help you understand the options for improved quality care that are available to you, as well as some expectations we have for you to assist us in your care.

We look forward to seeing you 20 minutes prior to your scheduled appointment. To save time on the day of the appointment, please read and sign this **Welcome packet** and complete the enclosed registration forms. Please bring all paperwork with you to your visit along with your insurance card, photo ID, and if applicable, prescription/pharmacy card and any legal documents regarding Healthcare or Medical Power of Attorney, guardianship, custody, or Advance Directives.

Appointments

Please arrive 20 minutes prior to your appointment with this **Welcome packet** completed. We will do our best to see you at the appointed time and/or advise you of any delays. If you arrive past your scheduled appointment time or without your completed **Welcome or Registration packet**, you may be asked to reschedule your appointment. If you need to cancel or reschedule an appointment, please contact the practice and provide at least 24-hour notice of your cancellation. For established patients, if you have canceled less than 24 hours of appointment time a total of 3 appointments within 12 rolling months, you may be discharged from our practice under our Termination of Care Management policy. For new patients, if you have canceled less than 24 hours of appointment time a total of 3 appointments within 6 months, you will not be rescheduled.

Missed Appointments

We reserve the right to charge for missed appointments. This charge will be your responsibility and will be billed directly to you. For established patients, if you have missed a total of 3 appointments within 12 rolling months, you may be discharged from our practice under our missed appointment policy. For new patients, if you have missed a total of 2 appointments within 6 months, you will not be rescheduled.

Patient and Visitor Code of Conduct

Please be aware that GBMC HealthCare System has a Zero Tolerance Policy for abusive or violent language and/or behavior directed at our staff, patients, and visitors. Violators may be escorted out of the facility and may be subject to loss of all visitation rights and facility privileges, including possible legal action.

After-hours needs

If there is an urgent need outside of normal business hours, please call our practice and you will be directed to the on-call provider. Medication requests may not be refilled by the on-call provider.



Medications

At the time of your appointment, we will need to know all the medications that you are currently taking, including prescribed medications, over the counter medications, and vitamins/herbal supplements. Please bring your medications with you to your appointment.

Medication refill requests may take up to 3 business days to process. There is a possibility medication refill requests may not be filled on the weekend. Prior authorization may take longer, based on the patient's insurance.

E-Prescribing

E-Prescribing is your provider's ability to electronically send an accurate prescription directly to your pharmacy from our office. This is an important element in improving the quality of your care. E-Prescribing greatly reduces medication errors and enhances patient safety.

The Medicare Modernization Act of 2003 (MMA) listed standards that must be included in any E- Prescribing program. These include:

- **Formulary and Benefit Transactions** which provide information about which drugs are covered by your benefit plan.
- **Medication History Transactions** which provide information about medications that you are already taking from other healthcare providers to minimize the possibility of unwanted drug interactions.
- **Fill Status Notifications** which provide information about whether your prescription has been filled, partially filled, and picked-up at the pharmacy.

Screenings

Your provider may conduct clinically appropriate screenings, based on evidence-based practices, which will be billed to your insurance. If you do not wish to be screened, please let your provider know.

Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that GBMC provide you with information about how we may use your Protected Health Information (PHI). That information is contained in GBMC's *Notice of Privacy Practices* which you will receive separately. The Notice will tell you:

- How GBMC may use and disclose your protected health information.
- Your rights with respect to the information and how you may exercise these rights.
- GBMC's legal duties with respect to the information.
- Whom you can contact for further information about GBMC's privacy policies.

Patient Contact (Emergency Contact)

The patient contact, also known as an emergency contact, is a local contact we may contact in the event of an emergency. This contact does not have access to your medical records, decision making, or billing records.

Designated Spokesperson

Due to HIPAA Privacy Rules, providers may not release your health information to anyone without your permission. This includes family members or friends that you may want the provider to keep informed. You may give us signed authorization to share information with specific individuals that you designate as Spokesperson(s). Please complete and sign the enclosed ***Authorization for Release of Protected Health Information to Spokesperson*** form. This form must be completed annually, unless updates are required.

Health Care Decision Maker

If a patient is a minor or an adult without capacity to consent to their own care, there must be an Health Care Decision Maker who will consent to treatment. For adults who become incapacitated without documents on file, we will refer to Maryland state surrogacy laws to determine your surrogate. We recommend you complete and sign the enclosed ***Health Care Agent*** form to communicate your wishes in the event you cannot speak for yourself. All signed legal documents pertaining to this relationship must be presented to the practice and will be included in your medical record. Documents includes: Healthcare or Medical Power of Attorney, Health Care Agent, Legal Guardianship, Custody documents (both joint and sole custody).

Health Care Directives

In order to best care for you and respect your long-term wishes, all documents regarding your health care wishes must be presented to the practice and will be included in your medical record. These documents include: Advance Directives/Living Will, 5 Wishes, and MOLST orders.

Medical Records

Your medical records will be provided to you, your providers, and your insurance carrier at no charge. If medical records are requested by other parties, such as attorneys, a service charge will be applied for copy and mailing fees.

Medical Records requests are not processed in our practice. Contact GBMC Release of Information department by phone 443-849-2274, fax 443-849-3223, or email medicalrecordsrequest@gbmc.org.

Forms Completion

We reserve the right to charge a fee for completion of forms (Jury duty, Disability, FMLA, MVA, school, camp). Form processing may take 7-10 business days. Form Fee: \$15/form. Expedited fee \$10.

MyChart at GBMC

MyChart at GBMC is an internet application that allows patients to view their medical record, receive certain laboratory and imaging results, request prescriptions, pay bills, communicate with

their GBMC healthcare providers on non-urgent matters and arrange for clinical services/appointments. To learn more about GBMC MyChart and sign-up for an account, please visit www.gbmc.org/MyChart.

Surveys

Periodically, you may receive surveys online or through the mail asking you to give us feedback about how well we are meeting your needs. We would greatly appreciate your input, as that helps us to improve our service.

Financial Policy

GBMC is committed to providing you with quality and affordable health care. We participate with most insurance plans. We also recognize our obligation to the community to provide appropriate medical care, regardless of ability to pay. We will assist you, if needed, through negotiated payment plans and our Financial Assistance policy. If you have a question about a statement you receive in the mail, please call 1-888-571-2113. Other questions may be directed to 443-849-2450.

Definitions

CO-PAYMENT is a fixed amount set by the insurer that the patient is responsible for paying at the time of service. The co-payment may vary by the type of service, the provider rendering the service, and/or the place in which the service is rendered.

CO-INSURANCE is the patient's cost share, usually calculated as a percentage of the cost of the service. The co-insurance may not be subject to a deductible amount.

DEDUCTIBLE is the amount the patient is responsible for before the insurance plan starts paying for services. The deductible may not apply to all services.

Uninsured Patients

If you are uninsured, payment is expected on the day of your visit. You will be asked to pay \$60 as a deposit at check-in. The total charge for your visit will be provided at check out. If you need elective surgery, payment is expected prior to scheduling your procedure. You will be eligible for a 30% prompt pay discount, if you pay in full at the time of your visit or prior to surgical scheduling for the professional fees related to your visit or procedure

Insurance Coverage

It is your responsibility to know and understand the terms of your insurance coverage. Your insurance plan is a contract between you and your carrier. It is your responsibility to know whether your insurance carrier will pay for the services rendered.

HMO/Managed Care plans

If your insurance is a HMO or Managed Care plan, and you are seeing a GBMC primary care provider, you must have a GBMC provider listed as the Primary Care Provider (PCP) on your insurance card to be seen.

If you are seeing a specialist, you may need a referral or pre-authorization. Please contact your insurance carrier with any questions regarding your coverage.

Under the terms of your plan, the provider may not be able to see you without the proper PCP listing and/or the necessary referral or authorization, unless you are willing to sign a Voluntary Waiver of Insurance Benefits and agree to payment at the time of service.

Medicare

If we believe you are receiving a service that Medicare does not consider reasonable or necessary for your condition and for which payment is expected to be denied, you will be notified in writing with the Advance Beneficiary Notice of Non-Coverage (ABN) form prior to receiving the service. This will provide you with the opportunity to decide if you will proceed with the service ordered. This process is required by Medicare and preserves your right to appeal their decision.

Co-Pays, Deductibles, and Co-insurance

All co-pays are due at the time of service. Contractually, your insurance company requires us to collect the portion for which you are responsible at the time services are rendered. Deductibles and coinsurance amounts are due once notification by your insurance company has been received, either in an Explanation of Benefits (EOB) or a statement from GBMC.

Acceptable Forms of Payment:

We accept the following forms of payment: Cash, Check, money order, Visa, MasterCard, Discover and American Express. A fee of \$25 will be assessed for each personal check returned by your bank as *nonsufficient funds*.

Payments and Correspondence

All payments or correspondence should be submitted through MyChart or mailed to:

GBMC Physician Self Pay

PO Box 418034

Boston, MA 02241-8034

Non-payment/Delinquent Accounts

You will receive a statement of your account each month either via mail or electronically through MyChart and may receive a phone call about unpaid balance. If you are interested in receiving your statement electronically, you must opt in through your MyChart account. If a balance remains unpaid for more than 90 days, the message on your third statement will state that your account is being reviewed for placement with a collection agency. Your account may be assessed a 30% surcharge to cover agency fees. You will be allowed 10 days to send the payment in full. Partial payments or extended payments will not be accepted unless otherwise negotiated with the Central Business Office at 888-571-2113.

