



HERITAGE FAMILY HEALTH PRACTICE POLICIES

TABLE OF CONTENTS

1. Ethical Considerations
 1. Worldview
 2. Sanctity of life
 3. Gender issues
 4. Personal beliefs
 5. Contraception
 6. Emergency contraception
 7. Complementary/alternative medicine
 8. Internet health information
 9. End-of-life issues
2. Patient Relations
 1. Scope of practice
 2. Becoming a patient
 3. Practice website
 4. Electronic medical record (EMR)
 5. "Open-access" appointments
 6. No-shows
 7. Patient complaints
 8. Phone calls from patients
 9. Phone calls to patients
 10. Third-party phone calls
 11. Patient email
 12. Informed consent
 13. After-hours contact
 14. Treatment of minors
 15. Required office visit for form completion
 16. Termination of physician-patient relationship
3. Patient Confidentiality and Records
 1. Confidentiality
 2. Notice of privacy practices (HIPAA)
 3. Patient records
 1. Statement of ownership

1297 Schaeffer Road, Newmanstown, PA 17073
Phone (717) 949-4138 Fax (717) 949-4140 www.heritagefamilyhealth.org

Joel E. Yeager, MD, MA (counseling)

LuAnne D. Yeager, MD

Diplomates, American Board of Family Medicine

2. Statement of patient rights
3. Conditions of release
4. Transfer of records
4. Patient Medications
 1. Refill policy
 2. Controlled substances
 3. Prescriptions date(s)
 4. After-hours antibiotics
 5. In-office dispensing
5. Immunizations
 1. General statement
 2. Immunization curriculum
 3. Immunizations and abortion
6. Laboratory
 1. Phlebotomy
 2. In-office testing
 3. Lab charges
7. Tracking Consultations and Diagnostic Procedures
 1. Consultations
 1. Communication policy with subspecialists (referrals)
 2. Communication policy with behavioral healthcare providers
 2. Diagnostic procedures
 1. Lab results
 2. Pathology reports
 3. Images/other reports
8. Hospital and Professional Affiliations
 1. Hospital affiliation
 2. Hospital care
 3. Professional affiliations
9. Financial Policy
 1. General explanation of direct-pay practice model
 2. General statement of fees
 3. General statement regarding patients with insurance
 4. General statement regarding Medicare
 5. Payments
 6. Special fees
 1. After-hours/emergency care
 2. Chart copy fees
 3. Forms completion fees
 4. Insufficient funds fee
 7. Hardship/charity care
 8. Collections process
10. Vendor Relationships
 1. Pharmaceutical/Vendor representatives
11. Office/Patient Safety
 1. Office safety
 1. General/Manuals
 2. Equipment safety
 2. Patient safety
 1. Adverse reaction to medical treatment and emergencies
 2. Maintenance of drug records/logs

SECTION 1: ETHICAL CONSIDERATIONS

1.1 *Worldview*

Our worldview is unapologetically Christian and that guides everything we do in our practice. In addition, the Christian Physician's Oath as well as the Declaration of Geneva—both of which are on public display—provide guiding parameters for our practice of medicine.

1.2 *Sanctity of Life*

We believe that humans are created in the image of God (*imago dei*) and that created life begins at fertilization and continues until death. This precludes our participation in any form of abortion, physician-assisted suicide, or euthanasia.

1.3 *Gender Issues*

Because the image of God is represented in either male or female gender (Genesis 1:26-27 & Genesis 5:2), gender is biologically determined in utero via sex chromosomes and confirmed at birth by external genitalia. It is not chosen or transitioned throughout life. We also recognize that the very rare medical condition of ambiguous genitalia is not what is presupposed by the transgender movement of the 21st century.

The biology and theology of gender therefore precludes either active or passive participation in assisting patients to transition from one gender to another. We recognize that some patients struggle with gender dysphoria. We further believe that all of us are broken sinners in need of a Savior and will therefore compassionately assist in addressing the psychological and spiritual issues underlying this confusion.

1.4 *Personal Beliefs*

While our Christian faith guides our practice, it does not prevent us from providing the highest standard of clinical care to those whose beliefs differ from our own. It in fact compels us to do so.

1.5 *Contraception*

We recognize this as a deeply personal and controversial issue. We are also aware that the original research used to create the first contraceptive pill in 1960 was sponsored by Margaret Sanger whose birth control initiatives eventually morphed into Planned Parenthood. This was therefore a product of the 1960s sexual revolution in America.

Because the mechanism of action of birth control is to prevent fertilization of egg and sperm (and not implantation), we do prescribe contraception. However, we encourage candid discussion between patient and physician regarding the options. Our views have been guided by *The Pill: Addressing the Scientific and Ethical Questions of the Abortifacient Issue* (published by The Center for Bioethics and Human Dignity) and *The Contraception Guidebook* (published by the Christian Medical and Dental Associations).

1.6 *Emergency Contraception*

Because of our belief that life begins at fertilization and the clear medical evidence that emergency contraception does have a post-fertilization effect, we do not prescribe any form of emergency contraception.

1.7 *Complementary/Alternative Medicine*

Our training and practice is based upon the allopathic model of medicine. We do, however, recognize that healthy lifestyle choices are equally important in maintaining health. Numerous products and therapies exist today, and it is impossible for us to personally evaluate all these therapies. In general, we do not utilize laboratory testing or therapies that are not FDA-approved, evidence-based, or peer-reviewed.

We recommend the following reputable resources for evaluating alternative therapies:

- ConsumerLab.com
- [Natural Medicines Comprehensive Database](#), a subscription-based service.
- *Alternative Medicine: The Christian Handbook, Updated and Expanded*, by O'Mathúna and Larimore, updated 2006 by Zondervan and endorsed by the Christian Medical Association.

1.8 *Internet Health Information*

Just because it is in print does not make it true! In fact, much health information in print and online is incorrect or frankly false. While we encourage your active participation in your health, we also advise caution when gathering medical information. Check if a website complies with the *HON Code* and is therefore accredited by Health on the Net Foundation, a non-government organization that rigorously verifies and endorses reliable, trustworthy medical information.

We recommend the following as reliable internet health sources:

- WebMD
- <https://familydoctor.org/>, from the American Academy of Family Physicians
- [Centers for Disease Control and Prevention](#)
- [National Institutes of Health](#)
- [World Health Organization](#)
- [US Food and Drug Administration](#)

1.9 *End-of-Life Issues*

We encourage all patients to obtain an advance directive, either in the form of a living will, health care power of attorney, or combination document. Commonwealth of Pennsylvania Act 169 of 2006 combined living will and health care power of attorney forms may be obtained by clicking [here](#). The controversial issues surrounding end-of-life care can often be ameliorated by advance directives and sensitive discussions between family and physician(s). We are committed to providing pain-free care and will not abandon the patient or family during this most difficult time.

SECTION 2: PATIENT RELATIONS

2.1 *Scope of practice*

Heritage Family Health provides general family medical care from newborns through geriatrics and all stages of life in-between. We take seriously the development of a relationship between you, your family, and our office.

2.2 *Becoming a patient*

2.2.1 **All patients**

We require your signed release/transfer of records from your previous doctor. This enables us to review your previous medical history before seeing you and avoids our office being utilized as an “urgent care.” (We understand that some patients may not have gone to a doctor prior to coming to our office.)

We require your signed *Acknowledgement Form* prior to our seeing you. Amongst other things, this acknowledges the partnership that exists between patient and physician. (This usually occurs on the day of your first visit.)

2.2.2 **Patients age 18 and older**

In addition to #1, we do request an office visit to “get established.” This doesn’t have to be immediate but must be done within six months of transferring records to our office. This enables mutual introduction and gives us the opportunity to “put a face” to your chart!

Occasionally we have patients who list our office as their primary care provider whom we’ve never seen. If the above has not been followed, we will not review past or current records on patients whom we’ve never seen or are not scheduled to be seen. We will politely remind you that you are not yet a patient here!

2.2.3 **Newborns**

We love newborns in our practice; that is how our office grows! Because we are a family medicine office, we prefer to see your entire family. If we’ve never seen anyone in your family before, we do require the following prior to signing any acceptance of care of your newborn.

- 1) One or both parents must transfer their primary care to our office as outlined above. (If this is not acceptable, then we suggest your newborn be seen by your current primary care provider.)

- 2) While not required, if you have questions about our philosophy of pediatric care, immunizations, etc., we encourage a no-charge complimentary “meet and greet” visit with one of the doctors prior to your newborn’s arrival.
- 3) We strongly encourage newborns (whether born at home, at a midwifery clinic, or in hospital) to establish care here in our office within the first week of life. As outlined above, this enables the doctors to meet your newborn and avoid the “inevitable” weekend acute phone call on a baby whom we’ve never seen!
- 4) If your newborn has not been seen within the first two months, he/she will no longer be considered a patient here.

2.3 *Practice website*

We maintain a website at www.heritagefamilyhealth.org. This website is updated on a regular basis and allows patients to review our general policies. While general health information may be reported on the website, it is not intended as direct medical advice.

2.4 *Electronic medical record (EMR)*

Heritage Family Health utilizes an electronic medical record known as eClinicalWorks® for documentation of all medical information and patient encounters. This features a username and password-protected access to a “patient portal” with direct access to the patient chart via the office website and/or the mobile app *healow*.

2.5 *Scheduling appointments*

Our office schedule is structured in such a way as to allow for same-day acute appointments *for established patients*, or the following morning—if the call is late in the afternoon. Routine return appointments are usually scheduled at the time of patient visit. Otherwise, routine appointments can usually be accommodated within 2-4 weeks, depending on reason for visit. It is best to call our office directly at (717) 949-4138 to schedule an appointment.

2.6 *“No-shows”*

We value our patient’s time; therefore, we must consider an appointment a “no-show” after 15 minutes. This enables us to give attention to the subsequently scheduled patients. Staff will notify both the patient and the physician of the missed appointment. If schedule allows, we may still attempt to see the patient, but this is not guaranteed.

2.7 *Patient complaints*

If *any* aspect of your care is unsatisfactory, we ask that you make our office manager aware so it can be promptly addressed.

2.8 *Phone calls from patients*

Generally, the physicians do not take direct patient phone calls because of time and volume. Many calls can be adequately answered by staff. For those that cannot, each physician has a designated nurse who will (usually) handle the call and gather relevant data which is then communicated to the physician. Being specific with your request enables the physician to determine the priority of the call. The call will often be returned by the nurse, who acts as an agent of the physician. Most calls will be returned the same day; we attempt to answer all calls within a 24 to 48-hour timeframe. *Please be aware that our nurses deal with phone calls between patients, so a delay in returning the call does not mean it is not important! If your call is of an urgent nature, please call back and specify so.*

2.9 *Phone calls to patients*

Our EMR does automated reminder calls several days ahead of a patient visit. (Due to the automation, please contact our office if you do not receive those calls, would prefer to be texted instead of called, or are receiving calls at odd hours.) Nurses also make calls to inform of test results, after they have been reviewed by the physician. We never leave medical information on your voicemail unless you have given us permission to do so. We attempt to give information directly to the patient, unless you have given us permission to speak with a family member(s).

2.10 *Third-party phone calls*

Patient information will not be given to third-party callers without express permission of the patient or unless the caller is a personal representative of the patient.

2.11 *Patient email*

All physicians and office staff have email. However, we request that patient email communication be directed through the patient portal, as this places the message securely and directly into the patient's chart.

2.12 *Informed consent*

We believe healthcare decisions are best made within the context of adequate knowledge, and that it is our duty to inform our patients of both positive and adverse effects of treatment or lack thereof. Some office surgical procedures will require a "signed consent" authorizing said treatment. However, many patients present to the office expressly for a procedure. In those events, the patient's presence authorizes a verbal consent (and obtaining a signed consent appears redundant and unnecessary).

2.13 *After-hours contact*

The physicians have chosen to be contacted directly for after-hours issues. The after-hours voicemail system uses prompts which enable contact with the physician directly or access to a voicemail which will be promptly returned. Please respect our privacy when utilizing this system,

but please don't hesitate to call if there is an urgent question or an emergency. We prefer to give you clinical direction regarding emergencies rather than simply presenting to an emergency room without our awareness. When the physicians are out-of-town, alternate contact details will be noted on the after-hours voicemail.

2.14 *Treatment of minors*

In the absence of parental or guardian presence, we will not treat minors (defined as those under the age of 18) without express permission from parent or guardian, either verbal or written, depending on our familiarity with the family.

The following exceptions apply to the above:

- The minor has been emancipated under state law.
- State law allows the minor to sign consent for provision of healthcare services.
- State law allows the minor to obtain healthcare services without parental consent.
- The parent or guardian has agreed to confidentiality between provider and minor.

Further clarifications, if required, will be made through the practice's attorney.

2.15 *Required office visit for form completion*

FMLA (Family Medical Leave Act) forms or MA (medical assistance) forms require an office visit for completion. If a physical exam/work permit form is not brought to a visit, it will be completed without an office visit if it is within a 6-month time frame of the visit. (There will be a form completion charge. See 9.6.3.) The physicians reserve the right to require an office visit for any type of form completion.

2.16 *Termination of physician-patient relationship*

One of our core values is *trust*. That involves not only the physician trusting the patient but also the patient trusting the physician. When that "covenant of trust" is breached in any way, the practice reserves the right to terminate a physician-patient relationship. In the rare event of such occurrence, notification will be made via certified mail; we will provide care for 30 days following certified receipt while patient seeks an alternate physician. After 30 days, the practice is released from any clinical obligation to said patient(s).

SECTION 3: PATIENT CONFIDENTIALITY AND RECORDS

3.1 *Confidentiality*

All issues presented during a patient encounter are held in utmost confidence. Patient care will only be discussed with those staff involved in the patient's care and/or with other physicians/allied health staff also involved in that patient's care.

3.2 *Notice of Privacy Practices/HIPAA*

In addition to 3.1, our Notice of Privacy Practices is available as a separate document. Full information regarding the Health Insurance Portability and Accountability Act of 1996 (HIPAA) is available at <https://www.hhs.gov/hippa/index.html>.

A consumer's guide entitled *Your Medical Record Rights in Pennsylvania*, authored in 2007 by Joy Pritts, JD, is available at <https://www.cyrss.com/docs/hipaa/StateHIP/pa.pdf>.

3.3 *Patient Records*

3.3.1 *Statement of ownership*

Under Pennsylvania law, the medical record is owned by the healthcare provider. This is discussed in §16.95 of the Pennsylvania Code. Heritage Family Health is required to keep the record for 7 years *after* the last treatment date. However, electronic medical records enable us to keep records indefinitely. (Hospital records are discussed in Title 28 of The Pennsylvania Code, §115.28.)

3.3.2 *Statement of patient rights*

Under Pennsylvania law, the patient has a right to:

- see and get a copy of the medical record (within 30 days of date of request).
- amend the record by adding information to it.
- file a complaint with the Office for Civil Rights at the US Department of Health and Human Services or with the State Board of Medicine.

This is nicely summarized in this 4-page document at:

http://patientsafetyauthority.org/NewsAndInformation/Brochures/Documents/brochure_medical_records.pdf.

3.3.3 *Conditions of release*

Under Pennsylvania law:

- The provider reserves the right to charge for a copy of the record according to currently acceptable standards (see below under 9.6.2).
- The provider is required to provide a copy of the record at patient request even if there is an outstanding patient balance.

3.3.4 *Transfer of records*

Patients reserve the right to request transfer of their records to another practice or provider at any time. Heritage Family Health reserves the right to require that all account balances are satisfied in full before initiating the transfer process.

Transferred records will include the entire patient record while a patient at Heritage Family Health and will be sent electronically if possible. If available, it will include a minimum of:

- Last 5 years of office progress notes
- Complete immunization record
- Last 2 years of laboratory studies
- Last 2 years of EKGs
- Last 2 years of subspecialist reports/consults
- Last 2 years of imaging studies
- Last 2 years of hospital records

If further information beyond the above time frame is required, these records may need to be requested from their respective sources.

SECTION 4: PATIENT MEDICATIONS

4.1 *Refill policy*

While we attempt to refill medications within 24 hours of patient request, we request up to 48 hours or 2 business days to refill a patient medication. For example, this means that refill requests phoned in by patients on a Friday afternoon may not be available until the following Tuesday. Please note that pharmacies also often have a time frame for filling prescriptions. *Therefore, patients are encouraged to phone in refill requests at least one week in advance of needing the medication.*

When possible, medications will be filled electronically.

You are encouraged to request refills at your office visit.

If it has 12 months since last being seen in the office, we will likely require an office visit before refilling a medication, unless an alternative agreement has been previously established. A limited quantity may be dispensed at the physician's discretion until an appointment can be made.

4.2 *Controlled substances*

Certain medications are designated "controlled substances" by the United States Congress in the *Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970*. These include (but are not limited to) narcotics, stimulants, and anxiolytics, and are classified according to schedules based on their potential for abuse. We observe the following guidelines:

- No routine after-hours refills.
- No after-hours prescriptions, except in the case of emergency
- No early refills
- Patients using chronic narcotics for pain may be required to sign a *Medication Use Agreement*, which will be on file in our office as well as the patient's pharmacy of choice. If a patient changes pharmacy, a new agreement will need to be enacted. A sample copy of such agreement is available upon request.
- In keeping with current best practice, we may do random urine and/or saliva testing on patients on chronic controlled substances.

Questions concerning such (or any) medications will queried through the Pennsylvania Department of Health Prescription Drug Monitoring Program's password-protected web database. Please note that most appetite suppressants used in our weight loss practice are also "controlled substances" and are subject to the same monitoring requirements.

4.3 *Prescription date(s)*

We do not pre- or post-date prescriptions.

4.4 *After-hours antibiotics*

Since prescribing an antibiotic is a clinical decision based on history *and* physical exam, after-hours antibiotic prescriptions will be at the discretion of the treating physician.

4.5 *In-office dispensing*

We offer dispensing of several dozen commonly prescribed medications at very competitive pricing.

SECTION 5: IMMUNIZATIONS

5.1 *General statement*

We believe that immunizations represent one of the major advancements in public health to date in the history of medicine. Because of this, we strongly advocate for immunization according to conventional schedules. We follow the annual recommendations of the CDC (Centers for Disease Control and Prevention). This chart is modified to reflect our office administration and is available in each exam room and on our website.

We understand that immunization can be controversial; we believe that it doesn't have to be. We believe that there are three primary reasons why it is controversial and hence why some people choose not to immunize:

- Lack of (correct) information
- Lack of trust
- Lack of interest

5.2 *Immunization curriculum*

Because of the poorly understood and widely controversial nature of immunizations, we may occasionally offer an immunization curriculum specifically for the practice.

5.3 *Immunizations and abortion*

This is covered briefly in our of practice brochures and available in the office or on the website.

We agree with and adhere to the ethical position statements from the Christian Medical and Dental Associations entitled "Immunization" and "Moral Complicity with Evil," available at <https://cmda.org/position-statements/>.

SECTION 6: LABORATORY

6.1 *Phlebotomy*

We offer routine phlebotomy services in the office via both routine prescheduled appointments as well as acute lab draws depending on patient presentation.

6.2 *In-office testing*

Our office maintains a CLIA-waived certificate through the Pennsylvania Department of Health and does in-office testing allowable under that status. Routine proficiency testing is done in compliance with that outlined by the terms of the certificate.

6.3 *Lab charges*

We offer very competitive pricing due to significant discounts offered to our practice through our vendors.

SECTION 7: TRACKING CONSULTATIONS AND DIAGNOSTIC PROCEDURES*

*This section was originally inserted to satisfy insurance company requirements; while we don't participate in insurances, we retain it here for policy purposes.

7.1 *Consultations*

7.1.1 *Communication policy with subspecialists (referrals)*

In keeping with Heritage Family Health's Vision Statement and our specific goal of providing a "medical home" to all our patients, we will ensure that patients receive continuity and coordination of medical care with appropriate subspecialty physicians. This process is known as "referral," and is based upon patient demographics and clinical information.

When a patient is referred to a subspecialist, appropriate office notes, laboratory and/or diagnostic studies, and usually a brief summary from the referring physician are sent to the subspecialist in advance of the patient's appointment.

We will ensure this continuity and coordination of care for all patients through the exchange of information in an effective, timely, and confidential manner, including patient-approved communications between our practice and subspecialists. Consultation letters are usually promptly received through the practice's electronic medical record and reviewed and signed by the ordering physician within a timely manner of being available in the physician's electronic "in-box." In the unlikely event of *not* receiving a consultation report within 10 business days of the scheduled consult, office staff will call the subspecialist's office and request a copy of the consult. Occasionally, this consultation may occur in the form of phone conversation, which is documented in the chart as a phone message.

In the event the subspecialist requires more records than those provided above, the patient will sign the appropriate records-release form.

7.1.2 *Communication policy with behavioral healthcare providers*

Due to the nature of family medicine, some patients prefer to receive their behavioral health care through their family physician. This is treated with the same confidentiality as any other patient encounter.

For those patients who are receiving behavioral health care through a specific behavioral health care provider, the patient will be asked to sign a release of information from the behavioral healthcare provider to our office so that there is a clear understanding of treatments, therapies, and any psychotropic medicines.

The communication policy outline in 7.1.1 above is applicable here as well.

7.2 *Diagnostic procedures*

7.2.1 *Lab results*

Most lab results are reported to our office electronically and directly into the patient chart. Those not available through the EMR are received via a secure fax directly into our EMR.

Internally, lab requisitions are compared with results received to verify accuracy. Once labs are reviewed by the physician, instructions are provided to the nurse who notifies the patient with results and any further instructions.

If a critical result is reported, it is immediately brought to the ordering physician's attention and the above procedure is followed.

All pending lab requisitions are held for 1 week. If no report is yet available, the lab must be contacted via phone or computer to inquire about results.

It is our goal to report results to the patient within several days of receipt of those results (unless the patient is scheduled for an office visit specifically to review results). Our policy is to verbally report results and not mail standard "within normal limits" forms.

7.2.2 *Pathology reports*

The details of 7.2.1 apply here. It is our policy for physicians to contact patients directly with concerning pathology reports, or have the staff arrange an appointment for follow-up.

7.2.3 *Images/other reports*

The details of 7.2.1 and 7.2.2 apply here.

SECTION 8: HOSPITAL AND PROFESSIONAL AFFILIATIONS

8.1 *Hospital affiliation*

Both Doctors Joel and LuAnne Yeager are affiliate staff at Good Samaritan Hospital in Lebanon, Pennsylvania.

8.2 *Hospital care*

Since hospitalist care has become standard practice at all area hospitals, our patients are currently admitted to area hospitals under the hospitalist service.

8.3 *Professional affiliations*

In addition to maintaining a full and unrestricted license in the Commonwealth of Pennsylvania, the physicians maintain active membership in the American/Pennsylvania Academy of Family Physicians and maintain board certification through the American Board of Family Medicine. They are also members of The Christian Medical and Dental Associations.

SECTION 9: FINANCIAL POLICY

9.1 *General explanation of direct-pay practice model*

Heritage Family Health provides direct-pay fee-for-service family medical care. We do not bill any third-party insurance payors, including Medicare, nor do we charge a monthly membership fee. We have opted for this model for a number of reasons, including:

- Historically, medical care has been about the physician-patient relationship in a covenant of trust. Introducing a third-party payor “triangulates” the relationship, which is always an unhealthy relational dynamic. A direct-pay model returns the autonomy directly to where it belongs—to *patient* and *physician*.
- It enables physicians and staff to spend time on what truly matters—delivering the highest quality of medical care unencumbered by constraints placed by third parties.
- It enables us to offer *lower* prices because we don’t need to employ staff to verify, submit, and process insurance claims—all tasks which used to be performed by the payors themselves.
- It allows us to offer fair prices which do not need to be adjusted based on what a third party is willing to pay. Like buying groceries, gas, or a set of tires, both patient and physician know what price will be charged and received. There is no nebulous range of cost based on who is paying. These charges are posted and available to the public.
- It attracts people who truly want to be patients at Heritage Family Health. This promotes the covenant of trust.
- This is further explained in *Transforming Healthcare Together: A Model for Restoring the Covenant of Trust*, authored and released by Joel E. Yeager, MD in 2018.

9.2 *General explanation of fees*

Fees are based on the complexity and type of care provided. We have attempted to keep this as simple as possible. It is the sole responsibility of the physician to ethically choose the correct charge for any type of patient encounter.

Patients will be asked to sign a one-time authorization allowing for treatment and payment of services.

Our fees are publicly posted.

9.3 *General statement regarding patients with insurance*

Most insurances allow patients to self-submit their own claims—again, the way the process originally worked. We provide a standard insurance form with each patient encounter which can be submitted to the patient’s insurance carrier for reimbursement usually at an out-of-network rate.

9.4 *General statement regarding Medicare (CMS)*

We can still see Medicare patients. However, according to §40 of the Medicare Benefit Policy Manual, we have “opted-out” of Medicare and notified the CMS carrier via affidavit. Patients will need to sign a contract with us stating that neither Heritage Family Health nor the patient will submit a claim on behalf of services provided at our office. Medicare benefits will still cover labs, images, etc. that we order for the patient. A copy of this affidavit as well as the private contract sample is available upon request.

9.5 *Payments*

Payment in full at the time of service is expected and is accepted by cash, check, or credit/debit card (Visa, MasterCard, Discover, and American Express).

9.6 *Special fees*

9.6.1 *After-hours/emergency care*

There is an additional fee incurred for the above.

9.6.2 *Chart copy fees*

Because copying a chart can be a time-intensive process, the Pennsylvania Judicial Code does allow physician offices to charge for this. While we generally do not charge patients for records, Heritage Family Health does reserve the right to do so and if so, follows the annual guidelines established by the Pennsylvania Medical Society. These fees are available upon request.

9.6.3 *Forms completion fees*

This includes any form which requires completion and is not associated with an office visit.

9.6.4 *Insufficient funds fee*

This is currently \$25.

9.7 *Hardship/charity care*

We recognize that patients may experience occasional financial hardship and are willing to work with patients in this situation. We generally require any outstanding balance to be paid before being seen by the physician (or at least to have a payment plan in place). The practice reserves the right to “write off” a portion of a patient bill or to offer a professional courtesy.

9.8 *Collections process*

Payment is received at time of service, so this is generally not an issue. Heritage Family Health will pursue a standard collections process should this become necessary.

SECTION 10: VENDOR RELATIONSHIPS

10.1 *Pharmaceutical/Vendor representatives*

We welcome interaction with the above representatives and ask that they schedule lunch meetings through our staff. While we gladly dispense samples provided by pharmaceutical representatives, we neither receive nor accept any financial incentives or “kickbacks” for using or prescribing their products.

SECTION 11: OFFICE/PATIENT SAFETY

11.1 Office Safety/OSHA

11.1.1 General/Manuals

- *Exposure Control Manual* outlines procedures related to infectious substances.
- *OSHA Manual* outlines general safety procedures and includes a “Pennsylvania Emergency Preparedness” guide. A separate OSHA document is on file entitled “Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers.”
- *Policy and Procedure Manual* outlines protocol for office procedures as well as office equipment operation.
- *JCAHO Medication Management Standards* is on file.
- *MSDS (Material Safety Data Sheets)* are on file for all products used in the office.

11.1.2 Equipment safety

All equipment used throughout the office is inspected and maintained according to the highest standards on a regular basis. Details of this are available upon request.

11.2 Patient Safety

11.2.1 Adverse reactions to medical treatments and emergencies

An emergency crash cart with current supplies is readily available. All office clinical staff maintain current BLS (Basic Life Support) certification.

11.2.2 Maintenance of drug records/logs

This is maintained electronically. All medications are kept in locked cabinets.