



FRANCINE D YORK, DNP, APRN, FNP-B

OFFICE HOURS	
Monday-Wednesday	8:30a-5:30p
Thursday	8:00a-8:00p
Closed for lunch	1:30p-2:30p
Friday	9:00a-2:00p
Saturday-Sunday	Closed

OFFICE POLICIES

Appointments: Patients may be rescheduled if they are more than seven minutes late for their appointment. Patients are required to make any payments upon arrival for the appointment. To make, change, or cancel an appointment, please call the office. If a receptionist is not available, you may leave a message on the answering machine and your call will be returned as they are processed.

ATTENTION

You must call your insurance carrier and list Francine York as your primary care provider.

Billing Policy: Your insurance policy is a contract between you and your insurance company; Bear Pond Family Medicine & Pediatrics is not a part of that contract. It is your responsibility to know and understand the provisions, limits, and requirements of your individual benefit plan(s). As a service to you, our office will file your insurance claim for you; however, we cannot guarantee benefits or payments. If your insurance carrier denies payment for services, you remain financially responsible for payment regardless of any insurance company determination, quote, or misquote, except where prohibited by law or prior contractual agreement. The responsible party agrees to provide all insurance information, at or prior to the first appointment. **The responsible party also agrees to notify Bear Pond of any changes in insurance coverage within 10 days.**

Financial Policy: It is customary to pay for professional services when being rendered. All co-payments and fees for services not covered by insurance are due at the beginning of the scheduled appointment. Clients will be responsible for covering any and all bank fees associated with returned checks. If you have a balance on your account, you will receive a statement. All accounts are due and payable upon receipt of notification. If a client fails to be responsible for the account, and it is necessary to refer a delinquent account into the hands of a collection agency/attorney, the client agrees to pay all costs affixed by the court, collection agency, or attorney.

Paperwork fees: Completing paperwork for schools, camps, the Family Medical Leave Act (FMLA) claims, long-term care, life insurance, the Department of Veterans' Affairs, disability claims or other purposes is unnecessary duplication and goes beyond routine medical care. Therefore, **it cannot be billed to your insurance company.** Since all forms require our signature, we are personally responsible for the accuracy of the information provided. Incomplete or inaccurate information may have far reaching consequences for your case. Filling out forms thus requires careful consideration and considerable amount of our time. Therefore, **it is our office policy to charge \$15 for the completion of any form and 3-5 business days to complete, depending on the complexity.** Finally, completion of certain forms, such as school forms, camp forms, sport participation forms, disability determination, etc., may require an update of your medical information or a special examination. In such cases, you will be asked **to make an appointment** and we will fill out the form as part of the office visit without extra charge.

Cancellation/No Show fees: It is important that you appear for your scheduled appointments. Your failure to cancel an appointment in a timely manner deprives other clients of an opportunity to visit our office. You will be responsible for paying a fee of **\$50.00** for a physical, and a fee of **\$25.00** for any other visit, if you fail to appear for a scheduled visit and have not provided at least 24 hours advanced notice. The missed appointment fee is due before your next scheduled appointment. This policy is aimed at minimizing the waiting time and ensuring availability of prompt care. We recognize the fact that there may be circumstances, which may not permit you to give us 24 hours prior notice, but such circumstances are exceptional and shall be considered on a case-to-case basis. Appointment reminders are made 1 and 3 days prior to your appointment as a courtesy and are not guaranteed. You are responsible for your scheduled appointment time even if you do not receive a reminder call from us.



FRANCINE D YORK, DNP, APRN, FNP-B

OFFICE HOURS	
Monday-Wednesday	8:30a-5:30p
Thursday	8:00a-8:00p
Closed for lunch	1:30p-2:30p
Friday	9:00a-2:00p
Saturday-Sunday	Closed

***We reserve the right to discontinue your treatment from the practice if you miss an appointment or cancel with less than 24 hours' notice on two occasions, as well as habitually cancelling/rescheduling your scheduled appointments.**

***Please note that insurance carriers will not reimburse you for cancelled or missed appointment fees.**

Medical Records: Medical records created by our office shall only be released pursuant to your express written authorization in accordance with HIPAA or other controlling laws (or under other circumstances as required by law). In accordance with Connecticut law, we charge a photocopying fee of \$.65 per page, and have up to 30 days to produce your records. If permitted under the law, we may charge higher fees to attorneys who request your records.

Termination of Treatment: If you are "terminated" or "discharged" from the practice, it means you can no longer schedule appointments, receive medication refills or consider us to be your provider. Treatment can be terminated if you fail to keep scheduled appointments as per office policies, noncompliance or failure to follow the recommended treatment plan, abusive to staff, and failure to pay your bill. Treatment may also be terminated if an appointment has not been scheduled for a period of 90 days and no arrangement was made in writing with the client's provider for said time.

***If you are discharged, we will send you a written notification letter via certified mail to your last known address. We will send a copy of your medical records to your new provider at your request; following our record release protocol.**