

OFFICE POLICIES

I. CAP Women's Health: This is a private practice. Our goal is to provide you with the highest level health care. In order to maintain an efficient office and viable medical practice, we have developed the following policies. The objective of these policies is to prevent billing and patient care confusion.

II. Contracted Insurance Plans: It is your responsibility to supply us with the appropriate billing information. This includes current insurance identification as well as the billing address and anything else required by your insurance carrier for payment of claim. You will be required to pay any co-payment, deductible, and/or non-covered services that are considered "non-covered benefits" by your insurer. If your insurance plan does not pay your account for any reason, including a delay in billing, you will be responsible for payment of charges for your medical services. **IT IS YOUR RESPONSIBILITY TO ENSURE THAT OUR OFFICE IS CONTRACTED WITH YOUR INSURANCE PLAN.**

III. Private Pay: Payment is expected at the time of service. We accept payment in the form of cash, check, or Visa or MasterCard. If you are unable to pay at the time of service, you must make arrangements in advance.

IV. Returned Checks: If your check is returned, you could be liable for three (3) times the amount of the check or \$100.00, whichever is more, plus face value of the check. You may be asked to pay cash for returned checks.

V. Appointment Courtesy: We realize that unforeseen circumstances might make it impossible for you to keep your appointment. If you should fail to keep an appointment without canceling at least 24 hours in advance, you will be charged **\$40.00** for that failed appointment. Your insurance carrier will not cover this charge. Once payment is received in full for the missed appointment, we will be happy to reschedule another appointment. If you fail two appointments without canceling in advance, you may be dismissed from the practice and need to seek medical care from another physician. **We do not call for appointment reminders.**

VI. Medical Information: A. Medical Records: Our office will copy your medical records upon request and signing of the consent form, which authorizes the release of your records. A **\$20 fee** may be charged for the copying of records. **B. Disability Forms:** A **\$30 fee** will be charged for filling out any medical related employment or disability forms. This is not covered by your insurance and will be billed directly to you.

VII. Telephone Calls: We review all messages. If further consultation with a provider is desired, a fee equivalent to an office visit will be charged to you. Insurance plans do not cover telephone consultations.

VIII. On-Call Schedule: Dr. Capetanakis is a solo provider. He does his best to attend each and every birth and to be on-call for any emergent situations. However, due to unforeseen circumstances, Dr. Capetanakis may not always be available. In this case, the "on-call" obstetrician/gynecologist at Scripps Memorial Hospital Encinitas will care for our patients. Occasionally he is called away from the office. We will make every effort to inform you in advance if this is necessary. Emergencies and deliveries cannot be scheduled. This is the nature of the business; we appreciate your understanding and apologize for any delays. Generally, Dr. Capetanakis does have the "on-call" physician cover the practice one weekend each month. We try our best to post these dates in advance.

IX. Laboratory: I send all laboratory specimens to West Pacific or Lab Corps unless informed otherwise. Many insurance companies require that you use a specific laboratory, radiologist, or other contracted specialist. It is your responsibility to determine which outside provider is contracted with your insurance. I cannot be responsible if you go to a lab or specialist that is not contracted with your insurance. I will direct you as best I can. When in doubt, check with your insurance company.

X. Hospital Facilities: I deliver and perform surgery at Scripps Memorial Hospital Encinitas exclusively. I will not be able to care for you at any other facility. If you present for medical care at any other hospital, you must seek another physician at the facility.

XI. Patient Care Policies: I strive to offer you excellence in both medical and personal care in an atmosphere of comfort and respect. As I respect you, I ask that you respect the staff and other patients by complying with these policies. If there is a problem please do not hesitate to speak with our office manager.

XII. Birth Announcements / Holiday Cards: Patient agrees unless expressly indicated in writing that any birth announcements or holiday cards sent to our office by you or your family are done so with the consent for those cards to be displayed by our office and patient agrees that doing so is not a HIPPA violation.

XIII. Students: We believe in the power of teaching. Occasionally we will have students in the office. Please let us know if you do not wish to have a student shadowing Dr. Cap or the Midwife during your visit. Your consent is not a condition of care.

XIV. Email: By providing your e-mail address, you expressly agree to allow communications from Cap Women's Health as well as Cap Wellness Center. We do not sell e-mail addresses. You may unsubscribe at anytime.

XV. Notice to Patients: Medical doctors are licensed and regulated by the Medical Board of California. You can find more information at (800) 633-2322 or www.mbc.ca.gov.

Signature: _____

Date: _____

Patient Name: _____

