



## IDEAL NEUROLOGY CLINIC

### Introduction

Welcome! We are happy you are considering us for your neurology care. In order to best manage expectations, please read this document in its entirety. Ideal Neurology Clinic is a small boutique private practice dedicated to providing personalized, compassionate care for patients and their loved ones. That being said, we realize we may not be able to help everyone. Please read this document thoroughly to see if we are right for you.

While Dr. Chalfin is dedicated to giving her full, undivided attentions to her patients, this is a part time practice. Our hours of operation are **Monday-Wednesday 10am-3pm and Thursdays 10am-12pm**, excluding national and religious holidays and other days off. If you call, text, or e-mail after hours with an urgent concern and request to page the doctor, **Dr. Chalfin will personally call you back as soon as she can**. However, if you page after hours and your need is not deemed to be urgent, you will be charged for each interruption, and you may be dismissed if this recurs. Examples of nonurgent calls include scheduling or changing appointments, requesting refills, requesting referrals, or anything else that can and should be handled during office hours.

This is not a concierge practice – we do not charge concierge membership fees, and we are not “on call” for you at all times. Patients are given care primarily during appointments; we simply do not have the resources to serve patients while serving others or between appointments; this includes especially writing prescriptions, referrals, or any other task which requires medical decision-making. We always provide patients follow-up appointments at the time of their visits and enough refills to last until the next appointment; if you decide to cancel or reschedule this follow-up, **we cannot guarantee same-day or next-day appointments**; you will be given the next available appointment. Urgent requests will be fit in as soon as possible, at the doctor’s discretion.

This is not an emergency facility – if you call in with acute symptoms (lasting less than 72 hours and/or concerning for acute stroke or other life- limb- or vision-threatening condition) or urgent needs, we will likely tell you to call 911 – save yourself the time and call 911 rather than waiting for a call back from us. Examples of URGENT symptoms that require ER care: acute/sudden-onset vision or hearing loss, dizziness lasting longer than 1 minute, slurred speech, difficulty speaking, difficulty swallowing, difficulty breathing, weakness of face or limbs, numbness of face or limbs, first time seizure, fever and headache, and “thunderclap” headache (reaches peak intensity within 1 minute).

We reserve your time slot, so please reserve ours. Since we do not double book patients, No Shows and Last Minute Cancellations will not be tolerated except in cases of emergency – especially now during the pandemic, since Telemedicine (virtual) appointments have become commonplace, even mild sickness or pain should not keep you away from an appointment.

My **assistant** is Greta. She is my right-hand woman. Expect her to call you for routine matters and to answer the phone while I’m with another patient. Most requests during office hours will

go through her; she is a trained nurse, but I make the final decision on any medical question. Please show Greta the same level of respect as you do me.

Please consider if you have more demanding needs than can be met at our office; if so, you may be best served by finding a different neurologist that is part of a larger group. As a small practice with limited resources, we protect our and our patients' time. We are aware that the state of medicine in the U.S. is difficult to navigate at times, and our goal is to help you do so and make it a more pleasant experience. In doing so, Dr. Chalfin treats her patients like family, but just like with family, there are healthy boundaries. In this document of Office Policies, she expresses her expectations for financial and patient responsibilities. This is an important step in our partnership, and one that helps to ensure an aligned and sustainable doctor-patient relationship.

## **Office, Financial, and Cancellation Policies**

***\*Please read this thoroughly and contact the office with any questions you may have.\****

***You can find frequently asked questions online here:***

***<https://www.idealneurology.com/booking-faqs>***

### **Patient Visits:**

- I understand that Ideal Neurology Clinic participates in **select** insurance plans as listed on the website. Dr. Chalfin is an out-of-network provider for all other insurance plans.
- I understand that my insurance coverage is a contract between me and my insurance carrier, and that I am ultimately responsible for determining my insurance's coverage for services, as well as the amounts of any copays, coinsurance, and deductibles.

### **For participating insurance plan holders:**

- I am responsible for understanding my insurance policy's benefits and if referrals or prior authorizations are required, and for obtaining those referrals.
- I understand claims for covered services will be submitted to my insurance plan. Copays, coinsurance, deductibles, and any other noncovered charges are my responsibility and will be expected at the time of service.
- I understand my insurance company will send an Explanation of Benefits (EOB) to both me and your office showing what my total patient responsibility is. If I disagree with the patient responsibility amount owed, it is my responsibility to contact my insurance carrier immediately.
- I understand that some services may not be reimbursed by my insurance plan, and I agree to pay any balances not covered by my insurance plan.
- I acknowledge that my insurance coverage must be valid and verifiable at the time of services, or I will be charged the direct-pay rate.

### **For all other health insurance policy holders:**

- I agree to pay for each visit in accordance with the published direct-pay fee schedule.
- I understand payment is due at the time of service.

### **Payment and Credit Card on File Policy:**

- I understand that at Ideal Neurology Clinic, they require keeping my credit or debit card

on file both to reserve my dedicated appointment slot, as well as a convenient method of payment for the portion of services that my insurance doesn't cover for which I am liable (patient's responsibility). This includes, but is not limited to, co-payments, coinsurance, payments toward my deductible, and non-covered charges such as late cancellation/no-show fees, telephone encounters, and refill/form fees.

- By submitting my credit card information, I certify that I am the authorized user of this credit card.
- My credit card information is kept confidential and secure via Stripe, and only the last four digits of my credit card number can be seen by the staff.
- I understand that copays, coinsurances, and applicable deductibles will be charged at the time of my appointment to the credit card I have put on file.
- With the exception of payments due at the time of service, payments to my card are processed only after the claim has been filed and processed by my insurer and the insurance portion is paid and posted to the account.
- I understand that out-of-pocket expenses incurred between visits will be charged to the credit card on file immediately and without warning. These expenses include, but are not limited to: no-show/late cancellation fees, telephone encounters, refills, and forms fees.
- If my participating insurance policy is subject to deductibles and/or co-insurances that were not collected at the time of service, I understand that Ideal Neurology Clinic will charge my credit card on file any outstanding balances as outlined on my Explanation of Benefits (EOB).
- I understand that credits on my account will be returned to the credit card on file.
- I agree to update my credit card on file when needed. I will receive a statement in the event my credit card cannot be charged, and there will be a **\$25 statement fee** added.

#### **Cancellation Policy:**

- I understand **I will be charged \$50** if I cancel less than 48 hours prior to my appointment time, or after 11am on Fridays for Monday appointments.
- I understand multiple late cancellations or no-shows may result in dismissal from the practice.

#### **Late Arrival Policy:**

- Dr. Chalfin wants all patients to have the opportunity to be seen for his/her entire scheduled visit time. Thus, she operates under a "therapist" model, meaning each appointment has a dedicated length of time.
- I understand that arriving late for my appointment may result in my visit being truncated to allow for others to be seen on time.
- I also understand that a shortened visit may result in an incomplete assessment, and I may need to return for further assessment.
- I also understand that if I arrive late for the visit, I have missed my appointment, I may not be seen, and will still be required to pay the late cancellation fee.

#### **Telemedicine Consultations**

- I understand that my doctor will sometimes engage me in a telemedicine (video) consultation, for example during a public health emergency when it is safer at home.
- I understand the telemedicine consultation will not be the same as a direct office visit since I will not be in the same room as my doctor.
- I understand that my doctor assumes I am alone during our consultation, and she will not know if there are any other people in the same room as me, or within hearing distance, unless I say so, thus confidentiality may be breached if she discusses topics of a private

nature.

- I understand there are other potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. My doctor or I can discontinue the visit at any time if we so desire.
- I understand as an alternative to a telemedicine consultation, I can cancel and reschedule my visit for a later time, or seek care from another doctor's office. I understand if my doctor feels a direct physical examination or other testing are necessary, she will ask me to come in for another visit in order to complete any remaining tests.
- I understand I and/or my insurance company will be billed for the visit in the same manner as regular office visits. My insurance company may or may not cover the visit in the same manner, though.

#### **Telephone and Email Policy:**

- I understand that I will often be asked to schedule an appointment if issues or questions arise between scheduled appointment times.
- I understand that the best way to discuss my care is in a scheduled appointment to allow for examination and discussion as necessary. I agree to pay an out-of-pocket encounter fee of \$75 per 15-minute increment or fraction thereof if I require non-emergent telephone communication between office visits regarding my care that is not covered by my insurance.
- I understand that Ideal Neurology Clinic is not an emergency facility, and if I have emergency needs I should call 911 or go immediately to the nearest ER. I understand if I call, text, or otherwise contact Dr. Chalfin after hours, she will make her best effort to call me back personally as soon as she can. However, if I have called and my issue is not deemed to be urgent, I will be charged without warning **\$50**, and if this recurs, I may be dismissed.
- I understand that there are inherent privacy concerns in communicating by email or SMS (text message), and I will use the online, password-protected patient portal through Elation for any general, non-urgent questions. For more involved matters, I will schedule an office visit or call the office. If I send or request an email or text message, that means I am aware these methods of communication have inherent privacy/security concerns, but I am willing to take those risks and have given permission for Ideal Neurology Clinic to use those means of communication.

#### **Results, Refill, Forms, and Paperwork Policy:**

- I agree to come to my follow-up appointments or schedule a telephone encounter so I can discuss the results of any of my results and what they mean to my care. I will not call the office for my results. I can always request a record of my results, but any discussion of those results and what they mean for my health require an appointment.
- I agree to request all refills at the time of my visit. I understand that if I cancel or reschedule an appointment, I may run out of my required medication. I agree to pay **\$50** for any refill requests between appointment times.
- I understand that requesting paperwork and form completion is best done during my appointment. I agree to pay the out-of-pocket fee of **\$50** for any letters, forms, or other paperwork that require completion by Dr. Chalfin outside of scheduled appointment times. I understand that I can avoid this charge by scheduling an appointment and bringing the forms with me to the visit. I also understand Dr. Chalfin will only fill out paperwork and sign statements she agrees with.

**Hospital/Emergency Policy:**

- I understand that Dr. Chalfin does not go to the hospital. She may recommend I go to the Emergency Room if I am having symptoms of an emergent condition or need to be seen urgently, but my care will be under the hospital physicians.
- Though Dr. Chalfin will make every best effort to communicate with my treating doctors, it is ultimately my responsibility to own my records and carry the names and contact information of my doctors to the ER. If I have questions or need clarification while I am hospitalized, I understand Dr. Chalfin may not have access to all of the records or information and is not involved in decision-making, so I or my family members must ask the doctor, nurse, or charge nurse taking care of me in the hospital any questions I may have.

**Controlled Medications/Marijuana Policy:**

- Dr. Chalfin does not prescribe opiates or medical marijuana for the treatment of chronic pain, or benzodiazepines for the treatment of chronic anxiety or insomnia. She does not take over the prescribing of these medications from another physician.
- I understand that Dr. Chalfin is required by law to review my prescription refill habits through the Prescription Monitoring Program, even if she is not prescribing me a controlled substance.
- I also understand that Dr. Chalfin always communicates with prescribing physicians about my treatment plan if it is related, even if she is not also prescribing me controlled substances.
- If such medications are required for treatment of my condition, I agree to bring in my medication bottles to each visit for pill counts. Random urine drug screens will also be ordered between office visits to ensure compliance. Any unwillingness to participate in pill counts or drug screens will result in discontinuation of the prescription. Any diversion or abuse of prescribed medications will result in dismissal from the practice.

**Attorneys:**

- In the event Dr. Chalfin is required to work with an attorney, or is required to appear in court, the current hourly rate, billed by the quarter hour or fraction thereof, will be charged, based on the most recent Attorney Fee Schedule.

**Privacy Practices:**

This clinic abides by federal privacy regulations and keeps my protected health information (PHI) confidential. We will safeguard your information and generally only share your information with your verbal or written permission. Exceptions to this include for the purposes of treatment, payment, or healthcare operations, as well as if you are a danger to yourself or others; and if we are obligated to comply with an investigation. You can request a digital copy of your records at no charge, and they will be shared with you via our secure, online password-protected patient portal through Elation.

**Violence and Threats**

Any threats or aggressive or violent behavior directed toward staff, other patients, or neighboring businesses will result in dismissal from the practice.

**Updates**

We will update these policies from time to time. You may review the latest policies on request.

### **Summary of Fees**

New patient appointment (direct pay)	\$345*
Follow-up patient appointment (direct pay)	\$165*
Late cancellation/No Show fee	\$50
Between-visit telephone consultation (direct pay)	\$75 per 15-min or fraction thereof*
Between-visit refill fee	\$50
Between-visit form or paperwork fee	\$50
Nonurgent after-hours call fee	\$50
Statement fee for declined Credit Card	\$25

\* Patients with insurance will have their own rates as determined by their insurance company; their responsibility will be noted on their insurance company's Explanation of Benefits (EOB).