

# David B. Minor, M. D., P C

## **FINANCIAL POLICY**

We want to take this opportunity to welcome you to David B Minor MD PC and thank you for choosing us to provide your healthcare. We appreciate your trust in us and look forward to serving you. As a patient of this practice, we want you to be aware of our expectations in regard to the payment of your account.

*If you have medical insurance, we will bill both primary and secondary insurance plans for all charges relating to the services that we rendered. You will be responsible at the time of service for co-payments, annual deductibles, and charges for non-covered or elective services. Please note that if you have insurance coverage with a carrier with which we do not have a contractual relationship, we are not obligated to adjust our charges based on your insurance plan's coverage or benefits. Therefore, balances remaining after payments by your primary and secondary insurance plans will be billed to you. For the purposes of verifying your medical coverage, we ask that you bring your current insurance card to each office visit.*

*In situations where we are unable to collect payment from the insurance company within 90 days, you will be billed. Often, you, as a policyholder, have more influence with your insurance carrier than we do as the medical care provider. We can usually continue to assist you in the process of filing insurance claims with your company, but we must, nonetheless, request payment within 30 days (120 days from the time of your initial billing).*

*Most managed care plans require prior authorization by the insurance company and your primary care physician for specialty doctor visits and for procedures. While we do what we can to assist with the process of preauthorization, it is ultimately your responsibility to make sure the approval is in place. If preauthorization is not obtained, we must request that the patient be responsible for payment at the time of service. A refund can be issued if retroactive authorization is received.*

*Medicare assignment is accepted. We are required by law to collect the annual Medicare deductible fee. We are also required to collect the 20% coinsurance on the allowable fee for patients without secondary insurance coverage. In most instances, we will also file claims with your secondary insurance carrier.*

*For self-pay or non-insured patients, payment is expected at the time of service. If this is not possible, a payment plan may be worked out with the business manager.*

*A \$25.00 fee will be charged to patients who fail to cancel their appointment 24 hours in advance.*

### **“COSMETIC” PROCEDURES**

*Our office provides an extensive and expanding selection of “cosmetic” procedures and products. These services, which include chemical peels, microdermabrasion, leg vein treatments, and a variety of laser therapies, are in most cases deemed to be “not medically necessary” by Medicare and other third-party payers (insurance companies). Consequently, unless other arrangements have been made in advance with the business manager, payments for these procedures will be expected at the time of service. Procedures required advance reservations of surgical suites or specialized medical equipment may require payment of a non-refundable deposit at the time the appointment is scheduled.*

## **METHODS OF PAYMENT**

*For your convenience, our office accepts cash, personal checks, MasterCard and Visa. If you have questions about our payment policies or if you need specific information regarding your account, please contact our office at 918-712-8888. Once again, thank you for choosing our office to provide your medical care*

*Notice of privacy practices next page*

*David B Minor MD PC*

Effective Date: April 14, 2003

## ***NOTICE OF PRIVACY PRACTICES***

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact the receptionist.

### **WHO WILL FOLLOW THIS NOTICE:**

This notice describes our office's practices and that of:

Any health care professional authorized to enter information into your file or record.

All employees, staff and other personnel.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive in our practice. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care.

This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to protected medical information about you; and
- follow the terms of the notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION.**

Our office may use a variety of methods to communicate information and medical tests results to patients, including, but not limited to telephone, voice-mail, e-mail, facsimile, written correspondence, etc. unless the patient specifically elects or declines to receive such communication by specifically notifying the office in writing.

The following categories describe different ways that we use and disclose protected medical information. For each category of uses or disclosures we will explain what we mean. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment:** We may use protected medical information about you to provide you with medical treatment or services. We may disclose protected medical information about you to doctors, nurses, technicians, medical students, pharmacists, or other personnel who are involved in taking care of you. Different departments of our practice also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose protected medical information about you to people outside the practice

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who may be involved in your medical care, such as family members or others we use to provide services that are part of your care.

**For Payment:** We may use and disclose protected medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received so your health plan will pay us or reimburse you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We also may use and disclose your information to obtain payment from third parties that may be responsible for such costs, such as family members. And we may use your information to bill you directly for services and items.

**Appointment Reminders:** We may use and disclose protected medical information to contact you as a reminder that you have an appointment for treatment or medical care.

**Treatment Alternatives:** We may use and disclose protected medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services:** We may use and disclose protected medical information to tell you about health-related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care:** We may release protected medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition. In addition, we may disclose protected medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Research:** Under certain circumstances, we may use and disclose protected medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care in our practice.

**As Required By Law:** We will disclose protected medical information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose protected medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

### SPECIAL SITUATIONS

**Organ and Tissue Donation:** If you are an organ donor, we may release protected medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans:** If you are a member of the armed forces, we may release protected medical information about you as required by military command authorities. We may also release protected medical information to a foreign military authority, if you are in their service.

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**Workers' Compensation:** We may release protected medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. Release of such information is controlled by state and/or federal law.

**Public Health Risks:** We may disclose protected medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report a known or suspected crime,
- to report child abuse or neglect;
- to report vulnerable adult abuse;
- to report reactions to medications or problems with products; continued on page 4

**Public Health Risks, continued from page 2**

- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities:** We may disclose protected medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose protected medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** We may release protected medical information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct involving our practice; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Medical Examiners and Funeral Directors:** We may release protected medical information to a medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release protected medical information about patients to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities:** We may release protected medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose protected information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected medical information about you to the correctional institution or law enforcement official. This

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release would be necessary (1) for this practice to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

You have the following rights regarding protected medical information we maintain about you:

**Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes.

To inspect and/or copy your medical information you must submit your request to the receptionist in our office. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. (By statute in Oklahoma we may charge you \$1.00 for the first page and \$0.50 for subsequent pages for copies, plus our postage costs. If your record contains any item that requires a photographic process to copy, such as an x-ray or photograph, we may charge you up to \$5.00 per image.)

**Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our practice.

To request an amendment, your request must be made in writing and submitted to the receptionist. In addition, you must provide a reason that supports your amendment request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the medical information kept by our practice;
- is not part of the information which you would be permitted to inspect and copy; or
- in our judgment is accurate and complete as it appears or as it was at the time it was originally captured and recorded.

**Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of your medical information.

To request this list or accounting of disclosures, you must submit your request in writing to the receptionist in our office. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically, ie. on disk or by e-mail). The first list you request within each 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the protected medical information we use or disclose about you for treatment, payment or health care operations. However, we must receive your restrictions in writing before we have made such disclosures. Also, if you restrict our right to use your protected medical information for treatment, payment or health operations, we reserve the right to immediately withdraw our services from you and terminate the physician-patient relationship.

You also have the right to request a limit on the protected medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery to your family.

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We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the receptionist in our office. In your request restrictions, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, or at home, or by mail, or by phone, or by E-mail.

To request confidential communications, you must make your request in writing to the receptionist in our office. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Copy of This Notice:** You have the right to a copy of this notice. You may ask us to give you a copy of this notice at any time.

### CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you are in our office for treatment or health care services, we will offer you a copy of the current notice in effect.

### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Office of Civil Rights, Region VI, US Department of Health and Human Services, 1301 Young St, Suite 1169, Dallas, TX 75202 or e-mail to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov) Voice Phone (214) 767-4056 FAX (214) 767-0432 TDD (214) 767-8940 . To file a complaint with our office, contact the receptionist. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

### OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of protected medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose protected medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

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