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FREQUENTLY ASKED QUESTIONS

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Billing

Q: How are charges to insurance calculated?

A: Family Care Plus, like most healthcare providers, has a contracted rate with your insurance company. This means that a pre-negotiated amount is what is charged for each visit. In other words, regardless of what the fee charged is, the insurance company will only pay that contracted rate. Your insurance company will send you a statement, called an Explanation of Benefits (EOB) which will show you what was charged and what the insurance company paid.

Q: Why do I have to pay a copay every time I see a provider?

A: As part of the contract with the insurance company, we are **REQUIRED** to collect a copay every time you are seen for an office visit. If we do not collect this copay, it is considered an incentive and we are in breach of our contract. In order to remain a provider on your plan, we must abide by the rules of the contract.

Q: What is a deductible?

A: The deductible is a term that refers to a maximum out-of-pocket expense that must be met before other coverage percentages are activated. For example, if your deductible is \$2000, you will spend that amount on healthcare services **BEFORE** your policy begins to cover certain other benefits covered by your plan. If you have questions about your coverage and your deductible, you should contact the customer service department of your insurance plan.

Each insurance company offers a variety of policies. If you compare the insurance company to a restaurant, selecting a policy might be like choosing what you want off the menu for your appetizer, main course and dessert. In other words, your insurance policy can be customized to have some options that may not be the same for everyone who is a customer at that “restaurant”. Selecting your policy may involve choosing between different co-insurance percentages, deductibles, and prescription coverage levels among other services. The insurance coverage selections you choose will determine the cost of your policy just as the items you order at the restaurant will make up your bill.

Q: Why does the final bill change sometimes after I have already seen it in the office?

A: When you make your appointment, we contact the insurance company to verify coverage but some of your information may not be available at that time. Referring back to the deductible in the previous question, if the insurance company determines that charges should be applied to the deductible, this may change the amount you are billed. For example, if you very recently saw another doctor or specialist or you made a change to your policy, when your claim is submitted for payment, it is subject to change by the insurance company staff processing your claim. You can refer to your explanation of benefits (EOB) for more information on what part of your office visit the insurance covered, non-covered expenses, and any charges or services that were applied to your deductible.

Role of the PCP

Q: Who is the PCP and why do I need to have one?

A: A PCP is your Primary Care Physician. It is a doctor or healthcare provider that has contracted with your insurance company to charge a certain fee for certain services. There are different types of policies such as HMO's and PPO's. HMO's tend to be more restrictive in the sense that you must "check in" first with your PCP for care before seeing a specialist. This type of policy is commonly less expensive than other plans such as PPO's which often allow patients to see whichever provider they choose, including specialists, and may not require a PCP to help manage their care.

Q: What is the role of the PCP?

A: The PCP is the healthcare provider who handles your routine care including but not limited to physicals, screenings, immunizations, management of chronic conditions and care as needed for illnesses or injuries. If a specialist's care is needed, your PCP will help you determine the appropriate specialist to handle your concerns.

Referral to Specialists

Q: When is a referral needed?

A: If you have a PPO insurance plan, you can refer yourself to a specialist. You should contact the specialist to make sure 1) they take your insurance plan and 2) that they do not first require a PCP referral. If a referral is required, whether by the specialist or by the insurance company (i.e. HMO plan), please make a follow-up visit with your PCP to obtain a referral.

Q: How does the referral process work? How do I know what specialist to see? Why do I need to make the appointment with the specialist myself?

A: At your office visit with us, the provider will help determine which type of specialist is appropriate to handle your concern. You can then contact your insurance to select a provider and then we can issue the referral for that specific doctor. For example, you contact your insurance company to find a cardiologist (heart specialist) who can see you and they tell you that “Dr. Jones” is on your plan. You let us know you need a referral for Dr. Jones. A referral is then initiated with your insurance company for you to see Dr. Jones. This may take a few days depending on how quickly the insurance company responds to the referral request. Once the referral is ready, you can call Dr. Jones and make an appointment that fits your schedule. By having the ability to call the specialist and schedule the appointment you can choose a time/location that is most convenient for you. When you go see Dr. Jones, they will usually ask you to bring a copy of your referral.

Q: What if I want to see an Out-Of-Network specialist?

A: An in-network specialist is a participating provider on your insurance plan. This means they have contracted with your insurance company to see patients on that plan at a pre-negotiated rate. If you choose an out-of-network provider, it may change what, if any, services are covered by your insurance plan. In order to know what costs you may have to pay to see the specialist of your choice, whether in-network or out-of-network, you should contact your insurance company before you visit the specialist. This will help you know what costs to expect from your specialist visit.

Q: What if I need to see my specialist today?

A: Your insurance company and your specialist's schedule determine how soon you can be seen by the specialist. Most insurance companies can take a few days to respond to a referral request. You may not be able to see a specialist the same day. If your need is urgent, you should seek care at the nearest emergency room or call 911 for life-threatening emergencies.

Prescription Refills

Q: I need my prescription refilled, what do I do?

A: Please call your pharmacy one week in advance and give the following information to the pharmacist:

Amount needed- 30 day versus 90 day supply

Correct name and dosage of medication- i.e. Lisinopril 10mg

How often you take the medication- i.e. once daily or at bedtime

Giving the pharmacy this information helps in quicker processing of your refill. Please note that in some cases an office visit may be required before we can authorize your refill. Certain chronic conditions require more frequent monitoring in order to ensure that the best care practices/recommendations are being met.

Q: What is your policy on pain medication?

A: In accordance with recent legislation in fall 2014, narcotic prescriptions must be written on a special prescription pad, by a physician, and must be picked up in person. The law was put in place in order to minimize the abuse potential of these medications because they can be addictive. We prescribe medications in accordance with state law and are required by law to check the DPS website (where all narcotic prescriptions or medicines with a high abuse potential are recorded) prior to prescribing to all patients.

We collaborate with pain management specialists in order to better care for our patients with chronic pain conditions. Prescriptions will not exceed a maximum of thirty days supply in anticipation of your follow up with your specialist for further treatment and care.

ADD/ADHD Medications

Q: What is your protocol for ADD/ADHD Medications? Do you treat children? Adults?

A: We do treat children and adults for ADD/ADHD.

Our protocol includes:

A workup to ensure proper diagnosis

Blood work to establish kidney and liver function baselines

ECG to evaluate the electrical system of the heart, any abnormal results will be referred to a cardiologist for further clearance prior to treatment

Drug screening and as required by law, a DPS check for potential medication abuse

ADD and ADHD medications are subject to the same procedure as pain medications. They must be written on a special prescription pad, by a physician, and must be picked up in person.

Prescriptions are written for a maximum of 30 day supply.

Refills are given every 30 days and may be requested by phone 48 hours in advance. An office visit may be required before your refill can be written. Due to the control measures by law for these types of prescriptions, they must be picked up in a timely manner. Prescriptions that expire because they are not picked up will not be written again until the following month.

Follow up for ADD/ADHD treatment will be as needed and at least once every three months. An office visit is required to meet best care practices to ensure that dosage is appropriate and to adequately monitor kidney and liver function.

Lost prescriptions

for controlled substances cannot be re-written without a police report. If the lost prescription is not a controlled substance, then a review of the circumstances and the medication will be conducted to determine if the prescription can be issued again.

Q: What does it mean if my medication requires a prior authorization?

A: This is a term that refers to “special permission” granted by the insurance company for some medications or supply quantities to be given to a patient under the benefits of their plan. Insurance companies often work with formularies (lists of covered medications) and tiers (different levels of medication options often based on cost). In some cases, a prior authorization is required and we may be able to assist with getting an approval for your insurance company to cover the medication prescribed.

If your medication is not on the formulary, then you always have the option to purchase it out of pocket (not using your insurance).

Forms

Q: Do you complete forms? Is there a fee? Do you do parking placards or disability forms?

A: Yes, we do complete most forms however we do not complete disability forms. Disability forms are completed by specialists, either orthopedics for physical disability or psychiatry for psychological disability.

As most forms require review and signature by a provider, there is a fee. This fee serves to cover the administrative costs of chart review, accuracy and timely completion of the form with the proper signature. Please inquire as to the fee for your particular form by calling our office.

We also do complete forms for parking placards, both temporary and permanent. Patients must meet the qualifications/requirements as designated on the form.

Patient Visit Timeline

Have you ever wondered what the process is for a patient from check-in to check-out? Would you like a peek at what goes on behind the scenes? Our patient timeline details your visit from your arrival to discharge.

1- Appointment/Insurance verification

We begin preparing for your visit as soon as you let us know you will be coming. We are looking forward to seeing you! Once an appointment is made, your insurance is verified and your chart is pulled. This is a process that usually happens in the 24 hours before your arrival. If you were not able to schedule in advance and come as a walk-in patient, we begin the verification process when you sign in.

2- Rooming and Triage

At this time, you are called back and placed in a room. The next part of your healthcare visit begins with triaging, the process in which your vital signs (blood pressure, height/weight, temperature, etc.) are recorded as well as a brief interview of the reason for your visit and details that apply such as medications you are taking, when you last ate, details of any symptoms. We are collecting the information we need to meet your needs and expectations.

Please note that during this triage period we sometimes must immediately address certain issues which may cause us to have an unexpected delay. An example of a delay of this kind might be a dangerously high blood pressure which needs immediate attention to prevent a stroke or other serious consequence. A

very high fever can be another critical situation, febrile seizures happen sometimes with small children. We are prepared to handle these situations, but emergencies of this nature may be the reason for an unexpected delay. We thank you in advance for your patience!

3- Visit with a Provider

At this time, a healthcare provider will visit with you, review the reason for your visit, conduct a thorough assessment and develop a plan of care for your health needs. The length of your visit with the provider varies depending on the reason for your visit. A physical is typically much more involved than perhaps a follow-up visit to refill a medication however we do our best to respect your time and give you effective and efficient, quality healthcare.

4- Labs, Vaccinations, Injections, Teaching and Discharge

Well, now you have seen a provider, what happens next? The provider will write up the notes from your visit, give orders for applicable tests, vaccines, medications, etc. Our staff will begin completing these orders for you and will get you signed up for our on-site lab service (Quest Diagnostics) and for any in-house testing (through our CLIA moderate lab). They will also prepare your vaccine record, give vaccines and update your vaccine record for you.

At this time we also review instructions for certain conditions that may have been diagnosed with your provider. If your provider spoke with you about monitoring your blood pressure for example, our staff will review this with you at discharge- giving you a blood pressure log and explaining what to do with it and how to get it back to us.

Radiology orders, lists of specialists, referrals and medication prescriptions are also compiled per the provider orders and reviewed with the patient at discharge.

These are just a few examples of the many tasks our skilled staff are working on to expedite your discharge process. Please note that not all doctors' offices are able to offer onsite labs and in-house testing. We offer these options for a variety of reasons.

Testing & Labs

In House Testing- These tests for example include urinalysis, flu and strep swabs, and complete blood counts (check for infection/anemia) which help providers make same day treatment decisions.

On-Site Labs- These services are provided by Quest Diagnostics and having them here in our building is a real convenience! Some offices order lab work that you may have to go to a hospital or off-site lab to have drawn. We are fortunate in that the lab here is able to draw your blood work while you are here.

Quest labs may include complete metabolic panels, thyroid function tests, insulin, and allergy-testing to name a few. These turnaround times for these results varies.

Once your lab work, vaccines, injections, any treatments or procedures (i.e. nebulizer treatment or EKG) have been completed... your visit is finished! We invite you to set up your patient portal (an electronic portal to get your lab results) on your way out at our front desk window.