

Thank you for choosing Southwest Endoscopy for your medical care. We are providing these policies to you to keep you informed of our current office policies.

Please refer to our website for policy updates.

OFFICE POLICIES EFFECTIVE: November 1, 2024

- Office Hours:** Our office is open Monday – Thursday, 6:00am – 4:30pm and Fridays, 6:00am-3:00pm. Doors may be locked earlier than listed times.
- Insurance:** It is the responsibility of each patient to verify with their insurance whether Southwest Endoscopy and the provider you see are contracted in-network providers. We will make every effort to assist you, but Southwest Endoscopy will not be held accountable for understanding your insurance plan.
- Card on File:** Our office requires a credit or debit card to be on file. Credit cards are encrypted and stored securely by Elavon, which is a part of USBank. There are no credit card numbers stored in our office or on Athena, our electronic medical record system.
- Appointments:** We see patients by appointment only. We do not see patients for second opinions. We do not co-manage care with other GI providers. If another GI provider sees you while scheduled for an appointment with our practice, your appointment may be cancelled.
Please arrive **60** minutes prior to your scheduled appointment to allow adequate time to prepare you for your visit. If you have any changes to your demographic information (such as a change of address or insurance), please notify our staff when scheduling your appointment or upon check-in. You must arrange for a responsible adult to drive you home after the procedure. You will not be allowed to drive yourself, and may not take Uber, Lyft, taxi, or public transportation unless accompanied by an adult companion.
- After-Hours & Holidays:** Our answering service is available after hours, weekends, and holidays for urgent concerns that cannot wait until the next business day.
- Emergencies:** If you have a life-threatening emergency, call **911** immediately.
- Cancellations/No-Shows:** Appointments are in high demand. If you cannot keep an appointment, we require your cancellation notice no later than **4 business days** prior to your appointment. *If notice is not received 4 business days prior to your scheduled appointment, you will be billed a **\$200.00** non-cancellation fee.*

Patient Dismissal:

While we make every effort to work with our patients, sometimes we feel that we are unable to maintain a viable provider-patient relationship, and it is best for all involved to have you obtain your medical care elsewhere. If you are dismissed from the practice, you will have 30 days for emergency treatment only. You will be required to seek the services of another provider in another office. Failure to keep appointments, non-compliance, non-payment, failure to make payment arrangements, seeing another GI Provider, making demands, using profanity, rude behavior, and/or threatening language are common reasons patients may be dismissed from Southwest Endoscopy.

**Insurance Notice:
Laboratory and Imaging
Services**

We would like to inform you that some laboratory tests and imaging services recommended as part of your care may not be covered by your insurance plan. Coverage varies depending on your specific benefits and insurance provider. We strongly recommend that you contact your insurance company prior to your appointment or procedure to confirm whether these services are covered and to understand any potential out-of-pocket costs. If you have any questions or would like assistance in obtaining procedure codes or service descriptions to provide to your insurer, please don't hesitate to reach out to our office.

Test Results:

We do our best to ensure that your results are posted on the patient portal. This may occur prior to review by your provider. Once reviewed, your provider will comment on your results including any further action required by you. If you are unable to locate your test results, please contact our office.

Prescriptions & Refills:

The best time to obtain a prescription is at your appointment.

Narcotics:

We do not prescribe narcotics.

**Mail Order
Prescriptions:**

Please ensure we have the correct pharmacy for mail order prescriptions.

By signing this form, I _____ acknowledge that I have reviewed, understand, and agree to the policies stated above.

Patient Signature

Date