

New Patient Orientation Protocol

Last Revised May 1st, 2016

Our goal at Concourse Village Primary Care is to be your partner in health care by serving as your medical home. By letting you know about our responsibilities and your responsibilities in advance allows for a good flow of communication and enable us to achieve our goal. Please read each section carefully and if you have any questions, do not hesitate to ask a member of our practice team.

1. Medical Home Responsibility

What is Patient-Centered Medical Home (PCMH)?

- PCMH is an innovative, team-based approach where patient gets care from a Practice Team.
- PCMH care team provides access to evidence-based care, patient/family/caregiver education and self-management support. Concourse Village Primary Care team has Medical Assistants, Support Staffs and Clinician.

2. Medical Home Benefits

A) Team Based Care

We are committed to make available to you a personal provider who provides for all of your health care needs and the practice team coordinates your care across all settings, including the medical office, hospital, clinics, behavioral health, testing facilities, and other places where you receive health care.

B) Improved Access

1. Office Hour Access

Our Regular Office hours are from 9 AM to 6 PM Monday through Friday and our extended office hours are 6 PM to 8 PM Monday through Friday and TWO Saturdays between 10 AM and 4 PM every month. You may request care and advice by calling 24/7 our office phone number 718-402-4021.

There are blocked slots between 2 PM and 3:30 PM on weekday which patient can request to be seen same day for Urgent and Routine Care. Any request for same day Urgent and Routine Care after 3:30 PM may be scheduled for appointment next day. Many urgent health care needs can be handled by your Medical Home team. You will then avoid having a prolonged and expensive visit to the Emergency Room.

2. After-Office Hour Access

After-office hour access is provided by calling our main line (718-402-4021) which will automatically transfer to our answering service. The answering service in turn will connect to the provider. We urge that you keep your line open when provider calls—if you keep your line busy, you have the option to call us back again.

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C) Whole Person Care

Whole person care includes checkup and behavior needs. Practice addresses the behavior needs of the patient in coordination with another practice. Following appointments are available during regular or extended business hours for checkup:

- **Same Day Urgent (SDU):** Patient will be seen same day for Urgent need.
- **Same Day Routine (SDR):** Patient will be seen same day for Routine need.
- **New Patient (NP):** New Patient Visit. Appointment will be given within 4 weeks.
- **Annual (ANN):** This is annual routine visit for normal checkup. Appointment will be given within 4 weeks.
- **Post ER Transitional Care (POST ER):** This visit is for patient who have been discharged after ER visit. We encourage our patient to return to our office within 72 hours.
- **Post HOSP Transitional Care (POST HOSP):** This visit is for patient who have been discharged after scheduled hospitalization. We encourage our patient to return to our office within 72 hours.
- **Office Visit (OV):** This visit is for patient who has non-urgent health need. Patient will be seen within 72 hours
- **Follow Up (F/U):** This visit requires confirmation or resolution of problem where compliance is of utmost importance. This visit is based on Health Care provider recommendation which depends on patient's health related issues. Patient will have follow up visit anywhere between 24 hours and 12 months.
- **E-Visit:** This is a scheduled non face to face phone call between provider and patient. Either Provider or patient may schedule an E-Visit to discuss any medical advice which does not require face to face visit. Patient will have E-Visit within 72 hours.
- **LAB:** This is a scheduled face to face visit between provider and patient to discuss Lab reports which cannot be done as an E-Visit. For example, provider could recall patient to discuss abnormal test result. Patient will be seen within 72 hours.

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D) Improved Communication

Patients can request clinical advice, appointments, prescription refills, referrals and test results through their patient portal. We urge you to call our main line (718-402-4021) for urgent matters.

- All urgent clinical advice is provided by the provider immediately when call is received during regular business hours.
- All urgent clinical advice is provided by the provider within 30 minutes when call is received after office hours.
- All non-urgent Clinical request (phone call or Patient portal) received during office hour response time is within 12 hours.
- All non-urgent Clinical request (phone call or Patient portal) received after office hour response time is within 24 hours.
- All test results will be communicated to the patient by phone and/or patient portal.
- Patient will have online access to their health information when the information is available to the practice.

E) Improved Support

- The practice provides equal access to all of their patients regardless of source of payment.
- The practice provides care to uninsured patient and gives uninsured patient information about obtaining coverage.
- The practice will work with you on transferring records to the practice. You can contact any of the front desk staff and they will gladly help you.

3. Patient Responsibility

A) Appointment

- We value the time we have set aside to see and treat you. If you are not able to keep an appointment, we would appreciate 24-hour notice.
- You should be at the office 15 minute before your appointment otherwise you may have to reschedule your appointment if we cannot accommodate you.
- Please be respectful of other patient's time who are waiting to see the doctor. Once provider finishes your check up; please promptly go to the front desk for further instruction.
- We strive to minimize any wait time; however, emergencies do occur and will take priority over a scheduled visit. We appreciate your understanding.
- It is your responsibility to check your benefits with the insurance company
- We discourage walk-ins. As much as possible, we discourage all forms of walk in but we will try to accommodate you based on the urgency of the medical problem at hand after triage and upon availability.

B) Referral

- If referral cannot be sent electronically, then it is your responsibility to pick up Referral order from the office.
- When you seek care outside the practice, it is your responsibility to let outside provider or facility know your personal clinician's information.
- It is your responsibility to let us know the detail of specialist/facility where you received outside care. This will help us in getting your medical record.
- It is your responsibility to provide us with complete medical history and information about care received outside the practice between last and current visit.
- Advance notice is needed for all non-emergent referrals, typically 3 to 5 business days.
- Referral is given to the patient only after referral is approved (if authorization required) by the insurance company.

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C) Insurance Plans

- 1) It is your responsibility to keep an update of your correct insurance information. If the insurance company you designate is incorrect, you will be responsible for payment of the visit and to submit the charge to the correct plan for reimbursement.
- 2) If we are your primary care physician, make sure our name or phone number appears on your card. If your insurance company has not yet been informed that we are your primary care physician, you may be financially responsible for the current visit.
- 3) It is your responsibility to understand your benefit plan with regard to, for instance, covered services and participatory laboratories.
- 4) It is your responsibility to know if a written referral or authorization is required to see specialists, whether preauthorization is required prior to a procedure, and what services are covered.

D) Financial Responsibility

- 1) According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances.
- 2) Self-pay patients are expected to pay for services in **FULL** at the time of the visit
- 3) If we do not participate in your insurance plan, payment in full is expected from you at the time of your visit. We will supply you with an invoice that you can submit to your insurance for reimbursement.
- 4) Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within **10** business days of your bill.
- 5) For scheduled appointments, prior balances must be paid prior to visit.

E) Forms

- 1) There is no charge for form completion at the time of your visit. This is considered part of the visit. However, should you lose your forms, there will be \$ 5 charge/form to be replaced.
- 2) Any additional forms are subject to a \$5 per-form fee. Payment is due when the forms are dropped off. We require 3-days turnaround time.

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F) Transfer of Records

- 1) If you transfer to another physician, we will provide a copy of summary visit to your new physician free of charge. **We need 48 hours' notice.**
- 2) A copy of your complete record is available on a per page fee basis. We need 72 hours' notice.

G) Prescription Refills

- 1) For monthly medication refills, we require 48 hours' notice, during regular business hours. Please plan accordingly.
- 2) It is your responsibility to provide the name of the medication and/or bring the container to the office for proper medication reconciliation.
- 3) All foreign medical prescriptions will not be validated except if confirmed/approved for use in the U.S.A and after our M.D.'s approval.

Our priority is your medical needs and the complexities of such needs and our obligations as your medical home is to provide best care to you.