LANDMARKMD

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Patient Financial and Medication Policies

In order to provide a more personalized level of service, Landmark MD and other Direct Primary Care practices have a different business model than traditional primary care offices. We have no dedicated billing department, which allows us to keep our fees affordable for our patients. In addition, government regulations have impacted all health care providers and we must follow their guidelines when prescribing medications and providing patient care.

- All patients <u>MUST</u> have a credit card, debit card or checking account on file if they are on the monthly payment plan. We do accept cash payments; however, we must have the ability to draft payments in the event that patients cannot come into the office to pay their membership fees in a timely manner. **This card/account MUST be in the patient's name unless it is a joint account, and if not, we need written permission from that person to process payments to that card/account**.
  _____ (initials)
- Membership rates as of September 1, 2018 are as follows: Patients over age 40: $75/month. Patients under age 40: $60/month. Dependent children up to age 26: 25/month (MUST have a parent as a member to qualify for rate). Family maximum: $175/month (includes parents/children, NOT additional adult family members). *current patients are grandfathered into previous rates for 1 year* _____ (initials)
- If your account is more than 60 days past due, maintenance medication refills may be denied. We will make every attempt to contact you in order to bring your account current or to set up an approved payment arrangement. _____ (initials)
- Patients are subject to dismissal from the practice if their account is 90 days past due. If you are dismissed from the practice, reinstatement is upon Dr. Layne's discretion and a $240 reinstatement fee PLUS payment of entire past due balance is required before an appointment can be made. _____ (initials)

Controlled Medication Policies

- NO controlled substance medications will be refilled if your account is greater than 30 days behind. There will be <u>no exceptions</u> to this policy. _____ (initials)

- <u>ALL</u> patients on controlled medications <u>MUST</u> be seen at least once every six (6) months in order to continue receiving medications. We are required to maintain current office notes on ALL patients who are receiving controlled medication prescriptions. _____ (initials)
- All patients who are on monthly narcotic pain medications will be required to sign a pain management agreement indicating their understanding of proper medication rules and regulations including early refills, lost/stolen prescriptions and obtaining narcotic medications from other providers. _____ (initials)
- In the event that a patient receives an injection for pain, there will be a fee assessed as stated in the pain management agreement. This fee is not included as part of the monthly membership agreement. _____ (initials)
- Due to new regulations by the DEA and changes in healthcare accountability, <u>ALL</u> patients who are prescribed controlled medications are subject to random urine drug screens. This is not only to protect our patients but also to protect our staff. These drug screens are not included in the monthly membership fee and must be paid by the patient. The fee for this testing is $40.00. If you do not agree with this policy, we will be happy to refer you to a provider of your choice. _____ (initials)

We realize that financial emergencies occur, and we are willing to work with you to establish payment arrangements if we are aware of your difficulty. Thank you for your understanding.

<u>By signing below, I acknowledge the Landmark MD Patient Financial and Appointment Policy:</u>

Name (print) _____

Signature _____ Date _____/_____/_____