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**OFFICE POLICIES AND PROFESSIONAL SERVICES AGREEMENT**

Informed Consent for Medical Services

This document contains important information about my professional services and business policies. Please read it carefully and keep a copy for your records. I am happy to answer any questions or provide clarification. Once this document is signed, it will constitute a binding agreement between us.

Services Provided

I am a licensed physician and board-certified Internist providing diagnosis and medication management for adults. Following your initial assessment, we will discuss treatment options and recommendations. Together, we will decide on the best course of care for you. Medical treatment is a partnership and requires active participation from both of us.

Confidentiality

Your records and the fact that you are being seen here are strictly confidential. You must give written authorization before I may release your records or discuss your care with anyone other than your referring clinician. There are some exceptions:

1. When disclosure is necessary to protect you or another person or persons from danger.
2. When there appears to be abuse of a child, developmentally disabled person, or elderly adult.
3. When I respond to subpoenas, court orders, or legal process.
4. When it is necessary in order to obtain payment that is due.
5. If you are applying for reimbursement from your health insurance, I may be required to provide to your health plan some or all of your record of treatment. By signing the Acknowledgement of Receipt of Office Polices form you consent to release of that information to your health plan.

Insurance

I am not a contracted provider for most insurance plans including Medicaid. Payment is due prior to beginning treatment and based on the fee schedule outlined prior to starting treatment. For patients who insurance I am out-of-network a billing statement will be available for you to download from the Patient Portal. You may choose to submit this statement to your health insurance carrier to receive reimbursement at “out-of-network” rates. Outside of our billing statements, documentation of your clinic visit level, with the appropriate diagnosis codes we do not submit bills directly to your insurance or participate in the re-imbursement process for your insurances with which we are out-of-network.

We are considered in-network with a few insurances, including Medicare, Humana and United Healthcare. For insurances we are in-network with, as a service to you we will bill your medical insurance. We will collect any co-pays at the time of your visit or bill you for those co-pays. You are still responsible for any co-pays, any co-insurance, and meeting all your required deductibles and out of pocket expenses per the terms of your insurance plan.

Membership Fees

Membership Fees are due prior to enrolling in our membership medicine model.

Membership Fees are paid in Semi-Annual or on an Annual basis.

For our Direct Primary Care (DPC) members your membership fees cover all primary care office visits; including routine annual physicals, acute illness care, chronic disease management, virtual health visits, and improved after-hours access. Membership does enable access to major discounts on lab tests, diagnostic imaging, and in some case certain medications from an outside providers.

DPC members will have access to discounted labs, diagnostic test, and certain procedures we perform in the office. Prior to performance of any in-office diagnostic test, lab test or procedure, we will disclose the cost of the test or procedure. The costs of these tests or procedures are provided at a major discount, greater than 50-75% in most cases, than when obtained outside of the office and by other providers.

Concierge Medicine members have different membership rules that differs based on Federal Medicare and commercial insurance regulations. Medicare and insurance plans we are in-network with restrict the type of membership medicine model that their beneficiaries (you, the patient) can enroll in. Our Concierge Medicine membership is covered in a separate addendum to this practice agreement.

\*\*\*Membership Fees are reviewed on a quarterly basis and subject to adjustment\*\*\*

**PLEASE INITIAL ALL:**

\_\_\_\_ By joining Austin Medical Partners I am acknowledging I am enrolling in a practice that charges a membership fee.

\_\_\_\_I acknowledge that the membership fee is NOT insurance or a substitute for insurance.

\_\_\_\_I acknowledge that Dr. Louis E. Ramos recommends that I am covered by some type of insurance, either a traditional insurance plan or a high deductible health plan paired with a health savings account or HSA.

\_\_\_\_I acknowledge that membership fees are NOT covered by Medicare and Private Insurance.

\_\_\_\_I acknowledge that if I am enrolled in Medicare or become enrolled in Medicare regardless of what age that occurs I CANNOT participate in the DPC membership model and MUST enroll in a Concierge Medicine membership.

\_\_\_\_If my current insurance plan is a plan that Dr. Ramos is “in-network,” or if I change into a plan that Dr. Ramos is in-network, I must join the Concierge Medicine membership plan or discontinue my DPC membership. If I chose to discontinue my DPC membership after a change in insurance, Dr. Ramos agrees to discontinue my membership without penalty.

\_\_\_\_I acknowledge that both inpatients and outpatient hospitalizations are not covered by my DPC membership. If I would like Dr. Ramos to follow me while in the hospital, I will be billed directly or my insurance may be billed at “out of network rates.” I acknowledge that I will be financially responsible for these bills regardless of my insurance’s coverage determination.

\_\_\_\_I acknowledge that the tax treatment, tax deductibility, determination of eligibility to use my HSA or FSA for payment of any fees or medical expenses incurred as a part of my participation in Austin Medical Partners membership model are my (the Patient’s) responsibility to ensure they are in accordance with IRS regulation and applicable tax law.

Patient Portal

You can check future appointments and download billing statements

Login to <https://www.app.elationemr.com/passport/login/>

Prescription Refills

Prescriptions will be sent electronically to your pharmacy and I typically make sure you have refills at each appointment. If your prescription bottle says zero refills, you may need to speak to a live person at your pharmacy, as refills may be available under a different prescription number. If no refills are available, your pharmacy should notify me that you need a refill, but you may also leave me a message. *Please plan ahead and request refills during weekdays 8am-5pm.*

Prescription of Controlled Medications

Prior to initiation or continuation of any controlled medications; such as opiate medications, opiate derivatives, benzodiazepines, stimulants and other controlled substances Federal and State databases (Prescription Monitoring Program) will be accessed and routinely monitored.

Chronic pain medication management patients are referred to a pain medicine specialist.

*The exception to this policy is for our patient with active cancer or on Hospice.*

Chronic psychiatric illnesses are referred to our psychiatric, psychologist, or therapy specialist colleagues.

\*Prescription medication forgery, misuse and/or diversion of controlled medications are grounds for termination from the clinic. Federal and state databases monitoring controlled substance prescriptions are routinely checked.

Contacting Me

*Office 512-640-2691.*

Please use for all routine calls and requests. Messages will be checked on weekdays 8am-5pm. Please use this number for any non-urgent after-hours calls that can be responded to the following business day.

*Cell Phone*  (Available to Concierge medicine patients)

Urgent after-hours calls and emergencies, I do not answer the phone when I am with a patient and will return your call as soon as possible. In case of emergency, call 9-1-1 or go to the nearest emergency room.

*Text Messages (512*) 640-2691

Weekdays 8am-5pm only please; use for administrative messages (scheduling, running late, refills, etc).

Emergencies

For established patients needing to contact me urgently, please call at 512-640-2691.

In the event of a medical emergency, please call 911 or go to the nearest emergency department.

Medical Health, Pregnancy and Medication

Please alert me to any changes in your medical health or if you start any new medications, including over-the-counter medications, supplements or herbal remedies.

**Some medications may pose a hazard to a pregnant woman’s baby.**

**If you are considering becoming pregnant, or suspect that you may be, please discuss this with me as soon as possible.**

Acknowledgment

*My signature below indicates that I have read and agreed to the terms of the above Agreement. I have also received a copy of this Agreement. I voluntarily consent to treatment and understand that informed consent ends with the termination of the professional relationship, which I may terminate at any time.*

Name Signature Date

*My signature below indicates that I have had opportunity to review the Notice of Privacy Practices.*

Signature Date