



WESTOVER HILLS CLINIC PERSONAL HEALTH CONTRACT

Thank you for choosing Westover Hills Clinic for your health care needs. We appreciate the opportunity to care for you and your family. We strive to be the “medical home” for your family and provide equally for all our patients a safe environment where you can expect to receive a comprehensive assessment and a personalized treatment strategy based on the most current medical evidence. The following information is provided for your benefit so that we may better serve you. Please read and sign at the bottom.

1. **Hours of Operation:** We are available Monday thru Friday 7am – 5:00pm. Closed for holidays. For after hour emergencies, an on-call physician is available through our answering service or, seek immediate care at the nearest Urgent Care or Emergency Room. Same Day appointments are made available starting at 7:00am each day.
2. **Continuity of Care:** Westover Hills Clinic is able to give the best care if you provide a complete medical history to us, and bring any medical records pertinent to your health. We specialize in acute and chronic sick care, preventive health and wellness for adults and adolescents. For advanced care and treatment we will refer to specialists and mental/behavioral health providers as appropriate to provide the best evidence based care for our patients. Please let us know of all doctors you are seeing and let us help coordinate referrals when possible. Please let us know of changes you or another physician made in your medication regimen.
3. **Hospital:** Our physicians utilize CHRISTUS hospital for inpatient care through coordination with staff hospitalists.
4. **Appointment Time:** Out of respect for your schedule, we strive to stay on time with our appointments. In order to assist us with this, we ask that you arrive at least 15 minutes prior to your scheduled appointment. Patients arriving past their appointment time may need to be rescheduled. In order to stay on schedule, multiple problems may need to be addressed in follow-up appointments.
5. **Annual Physicals:** We emphasize preventive care as a valuable tool for better health. Appointments for physicals will be devoted to preventive services only, and additional problems will need to be addressed at a follow-up visit.
6. **Your Physician, Physician Assistant(PA)& Nurse Practitioner(NP):**The PA and NP's are not doctors. They are graduates of an accredited training program and are licensed by the State Board of Health. Under the supervision of a physician, A PA or NP can diagnose, treat, monitor common acute and chronic diseases, as well as, provide health maintenance care. "Supervision" does not require the constant physical presence of the supervising physician, but rather overseeing the activities of and accepting responsibility for, the medical services provided. The relationship with any provider is integral to your care. Once you have established care with a provider, all appointments should be conducted with that provider. However, in the event of an urgent need or consultation, you may choose to see another provider or physician.
7. **Cancellations:** We require at least 24 hours in advance when canceling or rescheduling your appointment. If you fail to cancel or reschedule your appointment, this may be considered a no-show or missed appointment. After 3 missed appointments, we may decide to terminate care. A \$25.00 fee will be charged for each NO-SHOW appointment.
8. **Refills:** We have found that processing refills through your pharmacy is the most efficient and accurate method. We request you to contact your pharmacy first, and we will fill RX electronically. Refill by fax are no longer accepted. No refills will be filled after hours or on weekends except in cases of a medical emergency (defined as a threat to life, limb, or eyesight). Please allow 3 business days to process refill requests and 5 business days if a prior authorization is needed from your insurance.
9. **Payments:** All applicable fees, deductibles, coinsurance or copays must be paid at the time of your service. This office will verify your benefits to the best of our ability once you supply your correct insurance information. Verification of coverage does not mean that all services rendered will be covered during your visit, uncovered services may be your responsibility to pay. If you do not have health insurance, and would like information to obtain insurance, we can provide a contact to a public resource. Outstanding balances must be paid prior to further appointments. Regardless of a patient's source of payment, the practice will provide equal access to all patients.
10. **Staff Support:** Both our providers and staff are dedicated to your health. Because your provider is not always immediately available, many questions or concerns can be addressed by communication through our staff. If you desire to speak with your provider, it is appropriate to schedule an appointment. Our nurses and medical assistants are extensions of our providers and serve as valuable resources in delivering timely care, so please treat them with respect. Any discourteous behavior towards our staff will not be tolerated and result in termination of care.

- 11. Paperwork:** In order to better treat you, we ask that you complete the attached medical release of information and have any or all of your medical records transferred to Westover Hills Clinic, Attention: Medical records. In the event you need records from us, we are happy to complete paperwork/forms related to your health care, and we ask that you make an appointment specifically devoted to completing these forms. If the physician determines you do not need an appointment, we require 5 business days to complete the forms. There will be a \$25.00 fee due at the time of drop off.
- 12. Noncompliance:** Your total health is the result of a committed partnership between you and your provider. We reserve the right to discontinue this relationship for noncompliance with your health plan or any of the above policies.

I authorize Westover Hills Clinic, PA and personnel to provide me with healthcare services as deemed necessary with appropriate exams, medications and testing.

Patient Signature

Date

Print Name

