



1240 Environ Way * Chapel Hill, NC 27517
Phone: (919) 240-7269 * Fax: (919) 240-7816

Practice Policies

Medical Care provided: We provide medical care for people of all genders ages 14 and up. We offer comprehensive primary care and internal medicine, including care of chronic conditions, acute concerns and preventive care. We offer gynecological care throughout the lifespan, including contraceptive care, gynecologic procedures, IUD insertion, and menopausal care. We also provide evaluation and management of eating disorders and transgender care.

Appointments: Our office hours are 8:00 a.m. until 5:00 p.m Monday through Thursday and 8:00 a.m. until 4:00 p.m. Fridays. Appointments are scheduled between the hours of 8:00 a.m. and 4:30 p.m. Please call 919-240-7269 to make an appointment. When scheduling, please let the staff know the general reason for your visit.

New patients: If you are a new patient, please bring your insurance card and photo ID to your office visit. Please complete your new patient paperwork, which can be found on our website, in advance of the visit. New patient primary care and gynecology visits serve as an initial consultation addressing your medical history and acute and chronic problems. Annual physical exams can be scheduled for a future date.

Established patients: For annual visits, please complete an annual update form, which can be found on our website, in advance of your appointment. If you are scheduled for an annual preventive visit, but also have a new medical problem or issue to address during that visit, your provider may charge your insurance for both the preventive visit as well as a problem visit because these are two separate services. Some insurance companies may apply a copay to both services. In this case, you are responsible to pay both copays at the time of service.

Cancellations/No-shows: We will contact you with a reminder call and email 48-72 hours in advance of your appointment. Please contact our office at least 24 hours in advance if you are unable to keep your appointment. A late cancellation of less than 1 business day in advance or a no-show for an appointment will be subject to a charge: \$50 for a follow-up or acute visit, and \$100 for an annual visit. Three no-shows will result in dismissal from the practice.

Late arrivals: Please arrive 10-15 minutes prior to your appointment time. Our goal is to stay on schedule and for providers to see each patient at the time of their appointment. Late arrivals will cause a delay in other patients' appointments. If you arrive more than 15 minutes late to your appointment, you will be asked to reschedule to a different date or time and will be charged a late cancel fee.

Insurance/Billing/payment: Our practice is in network with Aetna, Blue Cross Blue Shield, and Cigna (with the exception of Blue Home and Cigna Connect plans). We are not in network with United Healthcare, Blue Home, Cigna Connect, Tricare, and other small plans. If you have one of these plans, you will be required to pay in full at the time of the visit. You may then request reimbursement directly from your insurance plan for out of network care. We are not participating providers with Medicare or Medicaid. If you have Medicare, you will be expected to pay in full at the time of the visit, and you may not request reimbursement from Medicare. Unfortunately, we cannot schedule Medicaid patients. Please note that the out-of-network insurance plans can be billed by our in-house Quest Lab for lab testing.

Please contact your insurance company prior to your visit to determine required deductibles and copayments. Payment of co-pays and deductibles are expected at the time of service. We accept Cash, Check, Visa, Master Card, American Express, and Discover. Please note that there is a \$35 fee for any returned check. We ask that unpaid balances be paid prior to the next office visit. If you are unable to make a payment or establish a payment plan, you may be asked to reschedule your appointment.

Clinical phone calls: For urgent concerns or new symptoms, please schedule an appointment with your provider. Your provider will be unable to diagnose your condition over the phone. For non-urgent questions, you may call and speak with a medical assistant. While we will do our best to answer your phone calls live during business hours between 8:00 a.m. and 5:00 p.m., it may be necessary to leave a voicemail message. Messages left before 3:00 p.m. for the medical assistants or providers will be returned by the end of the business day. Messages left after 3:00 p.m. will be returned by noon on the following business day. Please be advised that patients being seen in the office for appointments will take priority over non-urgent clinical questions by phone.

Patient portal messages: We strongly encourage all patients to register for and use the patient portal. Providers will communicate with you about your test results via the portal. You may also send messages to the clinical staff and providers via the patient portal. Since the portal is a part of the electronic medical record system, using it for communication assures that all of your important medical information is documented in your record. Messages sent via the portal should only be brief non-urgent questions or requests. Please be aware that scheduled patients have priority during the day. Urgent questions or requests should be made by phone or at an office visit. Complicated questions or concerns should be also addressed at an office visit instead of the portal. Patients sending messages via the patient portal that are not appropriate for an electronic or telephone response will be asked to schedule an appointment with a provider. Messages sent on the patient portal will receive a response within 2 business days.

Emergencies/After-hours calls: If you have a life-threatening emergency, please call 911 or go to your closest emergency room. For urgent, but non-life-threatening needs after hours, please call our main number, 919-240-7269. You will be directed to leave a voicemail message for the provider on-call. Please leave your name, date of birth, phone number, and nature of your concern. The provider will call you back within one hour. If you have not heard back by that time, please call and leave another message. Please do not leave any non-urgent questions or requests for prescription refills after hours. We do not refill any controlled substances after hours.

Prescription refills: Please check your prescriptions prior to your appointment and request any needed refills from your provider during your appointment. For refills of your prescriptions that are needed between your appointments, please contact your pharmacy to send a refill request to your provider. Please allow 2 business days for refills of your routine medications. Refills of controlled substances will require an appointment with your provider. If you have never taken a medication before, an office visit will be required before prescribing the medication.

Prior authorizations: Medications often require a prior authorization with your insurance company. If a medication requires a prior authorization, please ask your pharmacy or your pharmacy insurance provider to fax the appropriate prior authorization forms to our office. The prior authorization process involves several steps. Please allow up to 10 days for the process to be completed. If you need your medication sooner than 10 days, you may need to pay out of pocket for the initial prescription.

Laboratory work: Mosaic Comprehensive Care uses an in-house Quest Diagnostics laboratory for all send-out labs. You will receive the results of your lab tests on the patient portal within 2 weeks from the time the specimens were submitted. Results that are significantly abnormal will be communicated by telephone call and may also require a follow-up visit for a detailed discussion and care management.

Completion of forms: We are happy to complete any needed medical forms, including school or employment forms, sports physical forms, disability forms, and FMLA forms. Please allow 7 days for the completion of these forms. If you have not a visit with your provider within the last 3 months, you may be asked to make an appointment for completion of the form. You may be responsible for the office visit fee (\$150) if this visit is preventive and not covered by your insurance. There is a \$25 charge for forms completed without an appointment. If immunization history is required for your form, please bring in all relevant vaccine records with your form.

Travel consultations: A travel consultation visit is not covered by insurance if it is not completed at the same time as an office visit for evaluation of medical conditions or an annual physical. In this case, you would be responsible for the fee for the travel consultation, which is \$150 and would be collected at the time of service.

Telehealth services: Telehealth services are covered by some insurance companies. If you have a telehealth visit and your insurance does not provide coverage or if you are self-pay, you will be responsible for the telehealth visit fee (\$50-\$100 based on duration of visit) at the time of service.

Medical records: Our practice respects your right to privacy and follows HIPAA guidelines. All of your care and medical records are strictly confidential. If you would like to have your medical records released, you will need to complete a medical records request form. Please allow 7 days for processing the request. There is \$6.50 fee to obtain a copy of your medical records.