

Financial Policy, Billing Procedures, Card on File Policy

Lomibao Rheumatology & Wellness Care, PLLC is participating in-network with Medicare and many commercial insurance carriers. If you have coverage with Medicare and/or one of the commercial insurance carriers that we participate in, we will file your claim directly to your insurance carrier or Medicare for reimbursement.

As a courtesy, Lomibao Rheumatology & Wellness Care, PLLC will contact your insurance carrier to verify your benefits and/or necessary authorizations prior to your visit. Please be aware, this is only “a QUOTE of Benefits/Authorizations.” We cannot guarantee reimbursement or verify that definite eligibility of benefits conveyed to us, or to you, by your carrier will be accurate or complete. Payment of benefits are subject to all terms, conditions, and exclusions of the member’s contract at the time of service. In the event that your insurance provider does not in fact cover services rendered, you will remain responsible for the charges.

If your insurance carrier requires you to have a referral from your PCP, it is your responsibility to ensure that the referral information and referral number is received by this office from your PCP prior to your visit.

We accept all major credit cards, FSA/HSA cards, Apple Pay, Google Pay, electronic check, cash, personal checks. Payment of all estimated out-of-pocket expenses (co-pays, deductible, co-insurance, etc.) is required at the time of your visit. Please come prepared to make payment of these amounts. Your insurance policy is a contract between you and your insurance carrier. The ultimate responsibility for payment of services rendered rests with you the patient or guarantor.

If we are not in your insurance network or if you have no insurance, we will expect payment in full at the time of service. All pricing subject to change without notice, thus please contact our office for our current fee schedule prior to all visits so that you are prepared to make payment of these amounts.

Lomibao Rheumatology & Wellness Care, PLLC is not a Medicaid participating provider and does not accept Worker’s Compensation or Disability cases.

We have implemented a policy requiring a card to be held on file for all patients. Lomibao Rheumatology & Wellness Care, PLLC securely stores credit and debit cards on file with InstaMed to streamline processes working with patients, such as if there is a need to charge for a co-pay, cancellation or no show fee. Your card is NOT charged when it is added to the platform. The billing department will communicate all charges directly to you prior to charging your card.

InstaMed is healthcare’s most trusted payments network, and unmatched when it comes to security and compliance. InstaMed is a Payment Card Industry Data Security Standard (PCI DSS) Level One v3.2 Service Provider, as well as EMV and HITRUST certified. InstaMed was the first in healthcare to be PCI-validated for P2PE v2.0, which is a methodology for securing credit card data by encrypting it from the time a card is swiped or keyed until it reaches a secure endpoint (InstaMed) where it is decrypted.

Appointment Confirmation Policies

Appointment Confirmation:

We will call to remind you of your scheduled appointment 2 business days prior. It is imperative to confirm that you are coming to your appointment, or your appointment time may be offered to another patient. (method of confirmation subject to change when electronic reminders become available)

New Patient Preparation:

Please review how to prepare for your first appointment in the FAQ section of our website lomibaorheumatology.com.

Arrival to Clinic:

We request that new patients arrive 20 minutes prior to appointment time and established patients arrive 10 minutes prior to appointment time, to allow for any unforeseen issues such as insurance verification, address change, etc. to be addressed at check-in. This will also enable you to have enough time to be triaged by the Medical Assistant (MA) to then start your visit with the doctor at the start of your appointment time.

Late Arrivals:

In order to provide the best care possible for all patients, we strive to run the clinic in a timely fashion and respect your time, and we ask that you do the same. We reserve the right to reschedule an appointment if a patient arrives 10 or more minutes late for a new patient appointment, or 5 or more minutes late for a follow-up appointment. We strive to be fair to those who show up early and on time.

Cancellations/Rescheduling & No Show's:

If you are unable to come for your appointment for any reason, we must have **24 hours or 1 full business weekday** in advance of the cancellation/rescheduling. (Note that we are closed Thanksgiving Day, Christmas Day, New Years Day, Memorial Day, Independence Day, Labor Day, so these do not count as a business day.) For example, you must provide notice on a Friday at 9AM to cancel for a Monday 9AM appointment. This is the fairest way to allow another patient the chance to be offered your appointment time.

Failure to provide this advance notice will incur a **\$50 cancellation fee**. Those who do not show for their appointment will incur a **\$50 no show fee** as this is time lost that another patient could have used. Cancellation fees are not reimbursable through insurance so this fee would be your responsibility.

Forms & Medical Records Copies Policies

If clinically warranted and agreeable, the physicians at Lomibao Rheumatology & Wellness Care, PLLC will review and sign FMLA and Parking Placard forms. The fee for each time FMLA forms are filled out is \$40 and the fee for each time Parking Placard forms are filled out is \$20. These fees are not reimbursable by insurance and paid upon request of forms to be filled out. It is the patient's responsibility to bring a paper copy of the forms they want filled out each time.

Lomibao Rheumatology & Wellness Care, PLLC does not fill out Disability forms of any kind or get involved in the legal intricacies of Disability of any kind. If you need your medical records to support a Disability claim that is being handled by another provider, or for any reason, we will provide you with copies upon request.

The fee for providing patients with paper copies of medical records is \$25 for the first twenty pages and \$0.50 per page for every copy thereafter. The fee for providing patients with copies of medical records in electronic format is \$25 for 500 pages or less and \$50 for more than 500 pages.

Medication Refill & Controlled Substance/Psychoactive Drugs Policy

In order to provide the best care possible, please always come prepared to your appointment with your list of medications you need refilled. Otherwise, please contact your pharmacy regarding refills. Lomibao Rheumatology & Wellness Care, PLLC does not send routine refills when the office is closed such as after hours, weekends, or holidays. It is your responsibility to come prepared to your appointment with your refill list.

Lomibao Rheumatology & Wellness Care, PLLC is strictly a no-narcotic, no-psychoactive drugs, and no-controlled substance practice, this includes but is not limited to:

1. DEA Schedule II Narcotics such as: hydromorphone (Dilaudid), methadone (Dolophine), meperidine (Demerol), oxycodone (OxyContin, Percocet), and fentanyl (Sublimaze, Duragesic), morphine, opium, codeine, and hydrocodone, (Tylenol with Codeine), (Robitussin AC, Phenergan with Codeine) and buprenorphine (Suboxone).
2. DEA Schedule II Stimulants such as: amphetamine (Dexedrine, Adderall), methamphetamine (Desoxyn), and methylphenidate (Ritalin).
3. DEA Schedule III others such as: benzphetamine (Didrex), phendimetrazine, ketamine, and anabolic steroids such as Depo-Testosterone.
4. DEA Schedule IV Depressants such as: tramadol (Ultram), alprazolam (Xanax), carisoprodol (Soma), clonazepam (Klonopin), clorazepate (Tranxene), diazepam (Valium), lorazepam (Ativan), midazolam (Versed), temazepam (Restoril), and triazolam (Halcion).
5. DEA Schedule V anti-seizure drugs such as: gabapentin (Neurontin), pregabalin (Lyrica).
6. Psychoactive drugs Antidepressants and Antianxiolytics such as: Fluoxetine (Prozac), Paroxetine (Paxil, Seroxat), Citalopram (Celexa), Escitalopram (Lexapro), Sertraline (Zoloft), Duloxetine (Cymbalta), Milnacipran (Savella), Venlafaxine (Effexor), Bupropion (Wellbutrin), Mirtazapine (Remeron), Isocarboxazid (Marplan), Phenelzine (Nardil), Tranylcypromine (Parnate), Amitriptyline (Elavil).

COVID-19 Risk Patient Informed Consent and Acknowledgment

The novel coronavirus (COVID-19) has been declared a worldwide pandemic by the World Health Organization. Lomibao Rheumatology & Wellness Care, PLLC is taking measures to comply with federal, state, and Centers for Disease Control (CDC) infection control guidelines to prevent the spread of the COVID-19 virus, but we cannot make any guarantees about your health and safety. Therefore, to proceed with your Lomibao Rheumatology & Wellness Care, PLLC treatment, please read the below and indicate your agreement by signing.

Informed Consent

I understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, federal and state health agencies recommend social distancing.

I recognize that: (i) Lomibao Rheumatology & Wellness Care, PLLC has implemented reasonable preventative measures aimed to help reduce the spread of COVID-19; (ii) to Lomibao Rheumatology & Wellness Care, PLLC's knowledge, its providers and employees at this location have acknowledged that they don't have symptoms of COVID-19; and (iii) because Lomibao Rheumatology & Wellness Care, PLLC provides healthcare services, other persons (including other patients) could be infected, with or without Lomibao Rheumatology & Wellness Care, PLLC's knowledge, that may have been on Lomibao Rheumatology & Wellness Care, PLLC's premises.

Therefore, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with my treatment. I understand that possible exposure to COVID-19 during my treatment may result in the following: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, intensive care treatment, short-term or long-term intubation, other potential complications, and the risk of death. I understand that COVID-19 may cause additional risks, some or many of which may not currently be known at this time, in addition to the risks described herein. I have been given the option to defer my treatment to a later date. However, I understand all the potential risks, including but not limited to the potential short-term and long-term complications related to COVID-19.

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and our responsibilities to help you. Please contact the Privacy Officer (referenced at the end of this notice) to exercise these rights.

Obtain an electronic or paper copy of your medical record.

You may ask to see or obtain an electronic or paper copy of your medical record and other health information. If requested, we will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to amend your medical record.

You may ask us to amend health information about you that you think is incorrect or incomplete. We have the right to deny your request, but we will explain in writing within 60 days of your request.

Request confidential communications.

You may ask us to contact you in a specific confidential manner (for example, home or office phone) or to send mail to a different address. We will comply with reasonable requests.

Ask us to restrict what we use or share.

You may ask us not to use or disclose certain health information for treatment, payment, or our health care operations. We are not required to agree to your request, and we may decline if it would affect your care.

If you pay for a service or health care item out-of-pocket in full, and if the information is to be disclosed for payment or healthcare operations, you may ask us not to share that information with your health insurer. We will agree to this request unless a law requires us to share that information.

Obtain a list of those with whom we've shared information.

You may ask for a list (accounting) of the times we've shared your health information, with whom we've shared it, and why, for one year prior to the date you make the request. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

Choose someone to act for you.

If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated.

You may complain if you feel your privacy rights have been violated by contacting us using the information on the last page. Alternatively, you may file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you may tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please indicate your preferences.

We may use or disclose your health information in the following instances, provided you are informed in advance and you do not object:

For purposes of sharing your information with your family, close friends, or others involved in your care.

For purposes of sharing your information to assist in disaster relief efforts.

We may NOT use or disclose your health information in the following instances unless we obtain your written authorization:

For purposes of marketing.

For purposes of selling your information.

For purposes of disclosing highly sensitive information that pertains to psychotherapy, mental health, and alcohol, and drug treatment, sexually transmitted diseases, child abuse, genetics, and other highly confidential and sensitive characteristics.

For purposes of other uses and disclosures not described in this notice.

You may revoke an authorization at any time, provided that the revocation is in writing, except to the extent that (i) we have taken action in reliance on the authorization; or (ii) if the authorization was obtained as a condition of obtaining insurance coverage.

OUR USES AND DISCLOSURES

How do we typically use or share your health information? We are permitted to use or disclose your health information for treatment, health care operations or payment. In particular, we typically use or disclose your health information in the following ways:

Treatment.

We may use your health information and share it with other professionals who are providing you medical treatment.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Business Operations.

We may use and disclose your health information for our health care operations to manage our business and the services we provide to you.

Example: We use health information to conduct quality assessment and improvement activities.

Billing for your services.

We may use and disclose your health information to bill and get payment.

Example: We provide information about you to your health insurance company and other entities so they will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many legal requirements before we can share your information for these purposes.

Help with public health and safety issues.

We can share information about you for certain situations such as:

Preventing disease

Helping with product recalls

Reporting adverse reactions to medications

Reporting suspected abuse, neglect, or domestic violence

Preventing or reducing a serious threat to anyone's health or safety

Conduct Research

We may use or disclose your information for health research only with your written permission.

Comply with the law.

We will disclose information about you if State or Federal laws require it, including Department of Health and Human Services, requesting proof of compliance with federal privacy and security laws.

Respond to organ and tissue donation requests.

We may disclose health information about you with organ procurement organizations upon your passing.

Work with a medical examiner or funeral director.

We may disclose health information with a coroner, medical examiner, or funeral director in the event of death.

Address law enforcement, and other government requests.

We may use or disclose health information about you:

For law enforcement purposes or with a law enforcement official.

With health oversight agencies for activities authorized by law.

For special government functions, such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions

We may share health information about you in response to a court or administrative order, or in response to a subpoena.

Telehealth.

We may disclose your health information with Lomibao Rheumatology & Wellness Care, PLLC providers through the use of telehealth. Telehealth involves the use of electronic communications via live two-way audio and video that is intended to improve patient care through efficient medical evaluations and management.

Electronic Communication.

We may disclose your health information in electronic communications which are (a) in our text messages, emails or other electronic communications to you or in response to text messages, emails or electronic communications from you to us; and (b) statements or inquiries that you have posted on our web page, Twitter page, Facebook page, Instagram, or other public domains. Please note that the transmission and/or storage of text messages, emails, social media postings, and other electronic communications may not be encrypted or secure. If you have a specific question regarding your medical condition, we encourage you to contact us directly to discuss.

Electronic Disclosures.

Lomibao Rheumatology & Wellness Care, PLLC is providing you with notice that your health information may be subject to electronic disclosure. Lomibao Rheumatology & Wellness Care, PLLC may not electronically disclose your health information to any person without your authorization, which may be obtained electronically, in writing, or in oral form if it is documented by Lomibao Rheumatology & Wellness Care, PLLC. However, such authorization is not required for an electronic disclosure of health information if the disclosure is made: (i) to another health care provider, health plan, or covered entity as defined under Texas law for the purpose of: (a) treatment; (b) payment; (c) health care operations; or (d) performing an insurance or health maintenance organization function; or (ii) as otherwise authorized or required by state or federal law.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information in compliance with federal and state law. We are required to notify you of this duty and of our privacy practices with respect to your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your unsecured information.

We must follow the duties and privacy practices described in this notice and provide you a copy of it. We will not use or disclose your information other than as described here unless you provide us written permission.

Changes to the Terms of This Notice.

We may change the terms of this notice, and the changes will apply to all protected health information we maintain. The new notice will be available on our website and upon request in our offices.

You may contact Lomibao Rheumatology & Wellness Care, PLLC's Privacy Officer Frances Lomibao, MD at: Lomibao Rheumatology & Wellness Care, PLLC, 7700 Lakeview Pkwy Suite 300A, Rowlett, TX 75088.

The Effective Date of this notice was 9/21/2020.

TEXAS MEDICAL BOARD NOTICE

NOTICE CONCERNING COMPLAINTS Complaints about physicians, as well as other licensees and registrants of the Texas Medical Board, including physician assistants, acupuncturists, and surgical assistants may be reported for investigation at the following address: Texas Medical Board Attention: Investigations 333 Guadalupe, Tower 3, Suite 610 P.O. Box 2018, MC-263 Austin, Texas 78768-2018 Assistance in filing a complaint is available by calling the following telephone number: 1-800-201-9353 For more information please visit the website at www.tmb.state.tx.us

AVISO SOBRE LAS QUEJAS Las quejas sobre médicos, así como sobre otros profesionales acreditados e inscritos en la Junta de Examinadores Médicos del Estado de Texas, incluyendo asistentes de médicos, practicantes de acupuntura y asistentes de cirugía, se pueden presentar en la siguiente dirección para ser investigadas: Texas Medical Board Attention: Investigations 333 Guadalupe, Tower 3, Suite 610 P.O. Box 2018, MC-263 Austin, Texas 78768-2018 Si necesita ayuda para presentar una queja, llame al: 1-800-201-9353 Para obtener más información, visite nuestro sitio web en www.tmb.state.tx.us