

VASCULAR SURGERY

KOSIT PRIEB, M.D., F.A.C.S.
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HAND SURGERY

KOSIT PRIEB, M.D., F.A.C.S.

311 West Lincoln, Suite 200
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6812 State Route 162, Suite 202
Maryville, Illinois 62062
618/233-2500 • 1-800-427-3347

**Office Policies
&
Patient Responsibility Statement**

NAME _____

DATE _____

General Information:

Hours of Operation: The office is open and the telephones are answered Monday through Friday 7:45 AM to 5:00 PM. (Excluding Holidays)

Emergencies: Our practice has coverage for patient emergencies that may occur after hours. If a problem arises during a time when the office is closed, the doctor on call can be reached through our exchange at (618) 398-9617.

Office Hours & Appointments: Office visits are by appointment only. Every effort will be made to give you an appointment at the earliest convenience. If you have an urgent problem, we will attempt to see you as soon as possible during normal business hours.

Cancellations & Missed Appointments: If you cannot make your appointment, please give us the courtesy of at least 24 hours notice so that another patient may have the opportunity to see the doctor. Arriving for your appointment a few minutes early will help ensure that you and other patients are seen in a timely manner.

Healthcare Registration:

- Arrive 10 minutes prior to your appointment time to complete appropriate paperwork.
- Bring a photo ID to each visit.
- Update information regarding current legal name, address, telephone number and employers as applicable.
- Pay current copay amount and any outstanding balances payable to the group.
- Bring your current insurance cards to each visit. Provide new insurance information if there are changes.
- If you cannot provide current insurance information
 - you will be required to pay in full for that day's visit/services OR
 - your office visit may be rescheduled
- It is your responsibility to know the coverage & requirements of your health plan regarding diagnostic testing, physician referrals and other services.
- There could be a charge for a missed appointment without 24 hrs notice, copies of medical records for any non-physician recipient, completion of forms, prescription refills or returned checks.

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#2**

Healthcare Information:

- Bring a list of all current medications to each visit and communicate healthcare concerns.
- Comply with the suggested treatment plans from your physician. Any suggested treatment plan refused by the patient will be documented in the medical record. It is the responsibility of the patient to reschedule any cancelled office appointments, surgery appointments or any scheduled tests.
- Provide the office any documents regarding advance directives, living wills or healthcare power of attorney.

Healthcare Maintenance:

- We do require office visits on a regular basis for all of our patients taking prescription medications. The interval for follow-up and testing depends on your condition.
- We will send you a recall notice when it is time for your testing or visit.
- Medication refills
 - for refills to a pharmacy, allow 48 hours
 - for written prescriptions, each physician is in the Belleville office 2 days/week. These are the days when written prescriptions will be completed in the office.
 - Refill requests will not be completed after hours or on weekends.
 - Do Not contact the physician on call to refill medications that are non-emergencies.
 - Requests for prescription refills made outside of an office visit may be subject to a \$20 fee
 - If you have an emergency, go to a hospital Emergency room for medical evaluation & treatment.

Services:

Forms Completion: Forms are completed based on the examination conducted by the providers in our medical group. Blank forms will not be accepted. Personal information & the release of information section must be completed by the patient. Turn around time is usually 7-10 business days. Our office will complete your first form free. There is a \$20/form fee for each additional form you present for completion. These charges are your responsibility and must be paid when the form is picked up. If you want the form mailed or faxed directly to a company you must pay the fee when the form is dropped off. An additional office visit may be required if you have not been seen recently. The front office staff does not have the authority to alter, reduce the charge or to make charges to your forms. Insurance companies do not reimburse for form completion and we do not bill insurance companies for completing any forms.

Record Release: It may take our office 7 business days to process records requests. Records will be release to any physician upon your written request and authorization as a courtesy. There is a charge for personal or other record release requests. The usual fee is \$24.81 plus \$.93 for page 1-25, \$.62 for pages 26-50 and \$.31 for 51 pages and over, plus postage.

I, _____, have read the above patient responsibility statement, received a copy and agree to the terms stated.

Patient's Signature _____ Date _____ D.O.B. _____