



## LIVE OAK MEDICAL ASSOCIATES

2896 Gulf Breeze Parkway  
Gulf Breeze, Florida 32563  
Office – **850.932.2203**  
Fax – 850.934.0050

**Welcome to Live Oak Medical Associates.** Thank you for choosing us as your primary care provider. We are a group of three *Board Certified* Family Practitioners, a *Board Certified* Internist, a Physician's Assistant, and a Nurse Practitioner. We provide both inpatient and outpatient care to patients of all ages.

As a Provider Group, many of us have been in the Pensacola-Gulf Breeze Community as professionals for much of our lives. We take great pride in providing the highest healthcare possible to all of our patients, many of which span generations.

To help your visit run smoothly, please read the following information about our office policies.

**Paperwork** - Please review and complete these documents prior to your appointment. We do ask that you arrive 15 minutes prior to all appointments with your insurance card(s), drivers' license, and all current medications.

**Office Hours** - Our office hours are Monday through Friday 8:00 a.m. - 5:00 p.m. Phones are answered on weekdays from 8:00 a.m. - 4:30 p.m. All other calls are taken by our answering service.

**Prescription Refills** - In general we provide enough refills to treat you until your next scheduled appointment. If you run out of medications it may be time for your follow up appointment. If you are not due for an appointment please contact your pharmacy and request a refill. Please allow 48 hours for refill requests.

**Phone Calls and Messages** - We endeavor to answer or return calls promptly. Our front office staff will assist you with scheduling. We do have voice mail and each physician's nurse has an answering machine. Medical questions will be deferred to our nursing staff. Our nursing staff's primary responsibility is to care for scheduled patients in the office and as time permits they will return your call.

**On Call Physician** - We have a physician on call 24 hours a day. The primary roll of this physician is care of our hospitalized patients and patients in the emergency department that require hospital admission. The physician may answer routine questions via telephone however evaluation and treatment of illness is not provided over the telephone. Problems will typically be referred to the emergency department or our office. We rarely call in prescriptions after office hours.

**Payment** - Please review our policy, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request. **Please note that payment is expected at the time services are rendered.**

- 1. Insurance** - We participate in most insurance plans, including Medicare. If you are not insured by a plan with which we have a contract, payment in full is expected at each visit. If you are insured by a plan we do have a contract with, but don't have an up-to-date insurance card,



payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

2. **Co-payments** - All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments from patients is a violation of our contracts.
3. **Non-covered services** - Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.
4. **Proof of insurance** - All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information, you will be responsible for your bill.
5. **Claims submission** - We will submit your claims to your insurance company and assist you to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Any portion of your bill not paid by your insurance company is your responsibility.
6. **Coverage changes** - If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.
7. **Nonpayment** - If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, we will only be able to treat you on an emergency basis.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

\_\_\_\_\_  
Signature of patient or responsible party

\_\_\_\_\_  
Date