



## Welcome to Fairfield Medical Associates

At Fairfield Medical we are committed to providing skilled and compassionate care for the whole family. Our staff prides itself on being lifelong-learners and our goal is to provide your family with the most up-to-date medicine available.

### How to Reach Us During Business Hours

Calls regarding appointments, billing questions, and insurance questions will be handled by our front office staff.

Prescription renewals should be requested through your pharmacy.

Questions concerning any of the above will be handled during regular business hours

at 803-635-6461 (8:30am-4:30pm, Monday-Friday), or check our website [www.fairfieldmedical.org](http://www.fairfieldmedical.org).

Routine medical concerns such as dosages for common over-the-counter medications, simple first aid measures, fever control etc. are addressed on our web site under the e-Resources section.

We will make every effort to return phone calls in a timely manner.

If you have a true emergency, call 911 immediately. If you feel that 911 is not necessary, but the situation is urgent, you will be asked to come into the office or your call will be immediately directed to a physician.

How to Reach Us After Hours - CALL Fairfield Memorial Hospital at (803) 635-5548.

If you feel that you have a potentially serious or life threatening condition, call 911 immediately.

If you need to be seen at the start of office hours, please call first thing when the office opens that morning.

Use of hospital emergency rooms should be limited to such severe situations, or if you are directed to go there by the nurse or physician on call. In the majority of cases, you can call us and together we can decide how to approach the problem.

### Walk-In Policy

We at Fairfield Medical realize that there will be situations that come up from time to time that are unexpected.

We do ask that if at all possible that you call to schedule your appointment instead of just walking in to be seen.

If there is an emergency, we will find a way to work the patient in.

This is to ensure that all patients are seen in a timely manner and no one is delayed for any reason. Thank you.

Office Hours: Monday-Friday 8:30 am - 4:30 pm Closed for lunch: 12:30 pm to 1:30 pm.

After Hours: We are on call 24 hours a day, 7 days a week. Call Fairfield Memorial Hospital: 803-635-5548.

Holidays: Fairfield Medical observes and is closed on the following holidays:

New Year's Day

Independence Day

Labor Day

Thanksgiving

Christmas



## Payment Policy

**\*Please sign & date the back of this form and return it to the front desk.\***

### **Proof of Insurance:**

All patients must complete our patient information forms before seeing the provider. We must obtain a copy of your current, valid insurance card for proof of insurance. If you fail to provide us with the correct insurance information at the time of service, you may be responsible for the balance of your claim.

### **Co-payments and balances due:**

All co-payments and balances due must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on your part to pay your copayments is a violation of your contract.

### **Claims submission:**

We will submit your claims to your insurance provider and assist you in any way we reasonably can 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. **Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim.** Your insurance benefit is a contract between you and your insurance company; we are not a party to that contract.

### **Monthly billing statement:**

After your insurance company pays Fairfield Medical, you will receive a monthly billing statement, which indicates your balance due and/or deductibles due. These amounts are payable to Fairfield Medical.

If you have questions about your account please call (803) 635-6461 ext 115, or ext 122.

### **Insurance:**

We participate in most insurance plans. If you are not insured by a plan we do business with or do not have insurance, payment in full is expected at each visit. If you are insured by a plan we do business 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.



**Coverage change:**

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. If your insurance company does not pay your claim within 90 days; the balance will automatically be billed to you.

**Non-payment:**

Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you may be discharged from this practice. You will be responsible for any collection or legal cost associated with collecting your account. If this is to occur, you will be notified that you have 30 days to find alternative medical care. During that 30 day period, our providers will only be able to treat you on an emergency basis.

**Missed appointment:**

Our policy is to charge \$25.00 for missed appointments not canceled 24 hours prior to their scheduled time/date. These charges will be your responsibility and billed directly to you, and not your insurance company. Please help us to serve you better by keeping your regularly scheduled appointments.

**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 your insurance company. You will be billed for all non-covered services.

**Forms of payment:**

Fairfield Medical accepts payments by cash, check, money orders, Visa, MasterCard, and debit cards bearing these logos.

**Fairfield Medical is committed to providing the best treatment for our patients. Our pricing structures are representative of the usual and customary charges for our area. Thank you for adhering to our payment policy. Signing below indicates that you have read and understand the payment policy and agree to abide by its guidelines.**

Patient's Name: \_\_\_\_\_

Patient's DOB: \_\_\_\_\_

\_\_\_\_\_  
Responsible Party's Signature

\_\_\_\_\_  
Date



# HIPAA PRIVACY POLICY

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Please **circle** the information below that you authorize Fairfield Medical Associates to give out for the above patient, and list who has permission to receive this information.

Results of lab tests / x-rays

Appointment information

Billing information

Medical information

\_\_\_\_\_  
Name of person that has permission to receive the above patient information      Relationship to patient

\_\_\_\_\_  
Name of person that has permission to receive the above patient information      Relationship to patient

List anyone who has permission to bring the above patient to the doctor.

\_\_\_\_\_  
Name      Relationship to patient

\_\_\_\_\_  
Name      Relationship to patient

I authorize permission for Fairfield Medical Associates to leave information regarding the patient above on my voice mail

\_\_\_\_\_  
Signature of Responsible Party      Date      Relationship to patient

### Rights of the Patient

I understand that I have the right to revoke this authorization at any time by sending notification to Fairfield Medical Associates at 880 W. Moultrie St, Winnsboro, SC 29180. I understand that a revocation is not effective in cases where the information has already been used or disclosed, but will be effective going forward.

I understand that information used or disclosed as a result of this authorization may result in redisclosure by the recipient and may no longer be protected by federal or state law. Information received by this office is for our own use and will continue to be protected by our Privacy Policy. I understand that I have the right to inspect or copy the protected health information disclosed as described in this document. I can do this by written notification to: Fairfield Medical Associates at 880 W. Moultrie St, Winnsboro, SC 29180.

I understand that I have the right to refuse to sign this authorization.

**I have read and received a copy of the Notice of Privacy Practices for Fairfield Medical Associates.**

\_\_\_\_\_  
Signature of Responsible Party      Date      Relationship to patient





**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

PATIENT INFORMATION (please print):

Patients Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_

**PLEASE RELEASE ALL MEDICAL RECORDS  
FOR TRANSFER OF PATIENT CARE**

**FROM:**

PHYSICIAN'S NAME \_\_\_\_\_

NAME OF PRACTICE: \_\_\_\_\_

PRACTICE PHONE #: \_\_\_\_\_

PRACTICE FAX #: \_\_\_\_\_

**TO:**

Fairfield Medical Associates

**Please release a copy of all medical records, including but not limited to: vaccine records, progress notes, operative notes, laboratory / x-ray results, and diagnostic tests.**

**BY MY SIGNATURE I AUTHORIZE RELEASE OF ALL MEDICAL RECORDS**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Fairfield Medical Associates**  
880 W. Moultrie St, Winnsboro, SC 29180  
Phone: 803-635-6461 Fax: 803-635-4200  
[www.fairfieldmedical.org](http://www.fairfieldmedical.org)



## **Fairfield Medical Associates Privacy Notice to Patients**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION MAY BE USED AND DISCLOSED BY Fairfield Medical Associates and HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY

Effective Date: May 15, 2006

Under the HIPAA Privacy regulations, Fairfield Medical Associates and all similar health care providers are required by federal law to maintain the privacy of your protected health information (PHI) and will abide by the terms in the Privacy Notice. Please be advised that we may use your PHI in rendering treatment. For example, we are permitted to use your PHI in providing your medical care/treatment when you visit our office or when we treat you in a hospital or nursing facility. Under federal law, we may disclose your PHI to you or to third parties for treatment. For example, if we refer you to a specialist, we will forward your medical information to such specialists.

We can disclose your PHI for payment purposes. For example, we will disclose your PHI to your insurance provider, your employer, Medicare, Medicaid, or other party responsible for providing you with health insurance coverage in order for Fairfield Medical Assoc. to be reimbursed for our services rendered. We will also use or disclose your PHI for health care operations. For example, we may use your PHI when we engage in quality assurance and medical chart reviews, which are part of our health care operations. We may also disclose your PHI, when required by the Secretary of the US Department of Health & Human Services. Unless disclosure is required under federal/state law, or certain other exceptions, including law enforcement, we are prohibited from disclosing your PHI without your authorization. Our practice may use or disclose your PHI in accordance with the specific requirements of the HIPAA rules without Fairfield Medical needing to obtain your authorization if the information is:

1. required by law
2. required for public health purposes
3. required disclosures about victims of abuse, neglect or domestic violence
4. required by a health oversight agency for oversight activities authorized by law
5. required in the course of any judicial or administrative proceeding
6. required for a law enforcement purpose to a law enforcement official
7. required by a coroner or medical examiner
8. required by an organ procurement organization for research, and,
9. if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public

Additionally, if you are a member of the armed forces, Fairfield Medical is permitted to disclose your PHI without your consent if deemed necessary by appropriate military command authorities to assure an appropriate military mission. We may also contact you via mail or phone to remind you of appointments with our office or to discuss treatment alternatives. If, for any reason, you do not wish to be contacted via mail or phone, our office personnel will note your request in your chart. In the event our practice wishes to disclose your PHI to another entity besides those referenced above, we are required to obtain your authorization. Please be further advised that you have the ability to access, obtain a copy, inspect and request amendment to your medical information that we maintain. Additionally, if you desire, Fairfield Medical can provide you with an accounting of all disclosures for treatment, payment or healthcare operations and pursuant to authorization. If you have a dispute with our practice regarding the use of your PHI or a disclosure by Fairfield Medical and believe that your rights have been violated, please contact us or you may contact the Secretary of Health and Human Services.

Lastly, please be advised that you have the right to designate a personal representative or request restrictions on certain uses and disclosures of your PHI to carry out treatment, payment or healthcare operations or disclosures by Fairfield Medical of your PHI to a family member, relative, or a close personal friend. However, we are not required by federal law to agree to your requested designation or restriction. If you request a copy of your PHI, you also have the ability to request that we send it to an alternative location (different address) and by alternative means.

**THIS IS YOUR COPY TO KEEP FOR YOUR RECORDS**