

Welcome Packet



One Mission. One Community. Your Health.

Bray Family Medicine

.....
303 Professional Park Drive
Arkadelphia, Arkansas 71923
(870) 464 - 1515
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Welcome

Welcome to Bray Family Medicine. We are pleased you have chosen us to be your partner in healthcare. Your health is our top priority.

Our medical providers, counselors & staff work together as a team to meet your individual healthcare needs. The most important member of this team is YOU.

An essential part of becoming a successful team is clear communication. This information was developed to help you understand our processes, your rights, what you can expect from us and how to be an advocate in your own healthcare.

Our Commitment to You

We Will Coordinate Your Care

One of the many benefits of being a patient at Bray Family Medicine is that you have a team of healthcare professionals working behind the scenes, at no additional cost to you, coordinating your care and maintaining an accurate record of your health between specialists, hospitals, pharmacies & your primary care provider. We help you navigate through a complex healthcare system while keeping you safe and healthy. Your primary care provider is the quarterback of your team making sure everyone is on the same page, has the most up-to-date information about your health and is working together with you to reach your healthcare goals.

We Will Communicate With You

We believe that quality healthcare should be a partnership, and the only way to have an effective partnership is through communication. Just as we expect you to communicate with us, we promise to communicate with you. We will make sure all your questions are answered during your appointment, so you clearly know what your next steps are.

We Will Protect Your Privacy

Your privacy and the privacy of your health information are very important to us. We will not disclose your medical record information unless you direct us to do so or unless the law authorizes or compels us to do so. Our staff and providers only access patient information as it is necessary to do their jobs and are annually trained and tested to the highest standard of patient privacy. You may read more about our [privacy practices](#).

We Will Provide Quality Care

One of our commitments is to provide you and your family with the highest quality care. We focus on *best practice medicine*, which means our care is based on the best available clinical evidence, research, care concepts and techniques known to provide high quality medical care.

We also believe that quality care involves preventive care. We don't wait until you are sick to provide care. We look long term to determine what you can do now to prevent illness down the road. We work toward early prevention of disease, fewer hospitalizations, and improved quality of life which helps to reduce your cost of care.

Non-Discrimination Policy

Bray Family Medicine complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. Bray Family Medicine does not exclude people or treat them differently because of race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

Bray Family Medicine does not to discriminate in the provision of services to an individual because the individual is unable to pay, because payment for those services would be made under Medicare, Medicaid, or CHIP, or based upon the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

Bray Family Medicine provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats)

Bray Family Medicine provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need any of these services, please contact the office manager.

Your Health Information

Having a medical record helps both you and your provider keep track of any medical conditions, concerns, medications, etc., which all help you to become better partners in improving your overall health. Your medical record belongs to you. You have the right to access it, submit amendments to it, and indicate if anyone else should get access to it. It is important that you become familiar with your health record because it will help you trend your health and make educated decisions about your wellness. You have 24/7 access to your online health record through the Patient Portal. To request a copy of your medical records or to request that another healthcare facility send your medical records to Bray Family Medicine, please submit a [medical release form](#).

Your Rights and Responsibilities

At Bray Family Medicine, we are dedicated to providing you with the best in healthcare. We strive to provide a positive and healthy patient experience. We respect your rights as a patient and aim to help you understand your responsibilities as a partner in your care.

Your rights as a Bray Family Medicine patient include:

- To be treated with dignity, respect and courtesy.
- To be allowed privacy and confidentiality regarding your medical records. No information will be released from Bray Family Medicine without your written consent.
- To ask questions, discuss and receive clear information regarding your health status and any necessary treatment.
- To expect that a reasonable effort is made to communicate with you.
- To refuse care advised and accept the consequences and outcomes.
- To review and receive an explanation of your billing statement.

As an advocate in your own care, it is your responsibility:

- To be prepared with questions at the time of your office visit.
- To let us know if you do not understand or cannot follow your health care instructions.
- To give your provider a complete list of your medications.
- To follow the plan for your care.
- To notify us of any changes including name, address, phone number, employment, births, deaths or divorce.
- To give us 24-hour notice when you must cancel or reschedule an appointment.
- To know your health plan (insurance) benefits.
- To pay for your health care services or the portion of the bill that you owe, tell us if you need help with your bill, and work with us when financial help is needed.
- To treat clinic providers, staff and other patients with dignity, respect and courtesy.

Your Healthcare Team

Bray Family Medicine is one of the only independently owned primary care clinics in Arkadelphia, Arkansas providing comprehensive, personalized care to individuals and entire families — adults and children of all ages. We deliver high-quality care using an innovative team-based model led by Shelly Bray, M.D and a team of healthcare & mental health professionals working together to support your values, healthcare goals and individual needs. Below is a brief summary of the roles of each member of your healthcare team. You can view more information about our providers [here](#).

Physician Leader: Dr. Shelly Bray, a trusted board-certified family medicine physician who has been caring for patients in the community since 2006, leads your healthcare team & ensures you receive the best care possible.

Counselors: Maurie Maestas, LPC, Garrett Eller, LPC, Wendy Suttle, LPC & Chance Mehalic, LPC are experienced mental health professionals who provide counseling services and link patients with community resources.

Collaborating Psychiatrist: Patrick Rabjohn, MD, PhD is a board-certified psychiatrist who works collaboratively with our counselors and healthcare providers via weekly teleconference meetings to enhance the availability of psychiatric care in this area.

Care Manager: is a health educator and advocate linking patients to community resources, financial assistance, and individualized medical services to improve health and overall well-being.

Referral Coordinator: ensures you receive the services you need (imaging, tests, referrals to specialists) when you need them, and providers receive the health records & results they need to best care for you.

Medical Assistant: performs nursing duties during patient visits: taking vitals, obtaining health information, performing in-office testing & administering injections & handle patient care outside of a visit such as responding to clinical questions, refilling medications & notifying patients of lab & imaging results.

Phlebotomist: draws blood and processes the specimens for transportation to the laboratory.

Operator: directs incoming calls & schedules appointments.

Receptionist: is responsible for patient check-in and check-out, registering new patients, collecting payments & scheduling follow-up visits.

Billing Manager: submits all insurance claims, handles patient billing & supervises the clerical staff members.

Contact Your Healthcare Team

Non-Urgent Questions / Requests

- text us at (870) 466 – 4624,
- send a secure message through the Patient Portal,
- email us at caremanager@brayfamilymed.com or
- call us at (870) 464 – 1515 and leave a voicemail including your full name, date of birth and detailed message.

Urgent Issues During Clinic Hours

If the situation requires urgent attention, call us at (870) 464 – 1515 and relate the urgency to our operator. **In an emergency, dial 9-1-1.**

Urgent After-Hours Care

A member of your care team can be reached after-hours by calling (870) 464 – 1515. Follow the prompts so that the on-call provider and staff will receive your message and can access important medical information. If you experience a critical situation, go immediately to the emergency department of the hospital nearest you or call 9-1-1 for assistance.

Patient Portal

The Patient Portal, our secure online medical records system, gives you more flexibility and direct access to your healthcare information. When you have a non-urgent question for your healthcare team, you may send a secure message through the [Patient Portal](#). If the situation requires urgent attention, call us at (870) 464 – 1515. In an emergency, dial 9-1-1.

Having a Patient Portal account allows you to:

- Schedule an appointment online.
- View your healthcare summary, current health conditions and health history.
- Securely communicate with your healthcare team online.
- View test results.
- View current medications and request prescription refills
- View current allergies, immunizations, and preventive care screenings.
- Receive paperless bills and pay your bill online.
- View upcoming and past appointments.
- View your children’s records (proxy access).

[Sign up](#) for a patient portal account. [Login](#) to your Patient Portal account.

Bray Family Medicine Hours of Operation

	Business Hours	Special Hours	Holidays
Monday	8 AM – 5 PM		New Year’s Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, and Christmas
Tuesday	8 AM – 5 PM		
Wednesday	8 AM – 5 PM		
Thursday	8 AM – 5 PM		
Friday	8 AM – 5 PM	Closed: 12 – 1 PM for staff meeting	

Our Services

We provide comprehensive primary care & mental health services including:

- *Immunizations*
- *Telemedicine visits*
- *Home Telemonitoring*
- *Scheduled in-person office visits*
- *Chronic disease management (diabetes, hypertension, asthma, etc.)*
- *Dermatological procedures: wound care & removal of skin cancers, moles, skin tags, cysts, boils, warts, etc.*
- *Newborn Visits*
- *Pediatric checkups*
- *Adult wellness visits*
- *Medicare wellness visits*
- *Counseling services*
- *On-site laboratory testing*
- *Care coordination & management*

Appointments

To schedule an appointment with a medical provider or counselor, call (870) 464-1515. We strive to stay on time, but due to unforeseen circumstances, an appointment may take longer than allotted. You will be informed of any delays. Please notify the front desk if you are still in the waiting room 30 minutes after your scheduled appointment time.

Cancellations / Missed Appointments

If you cannot keep an appointment, please call within 24 hours of your scheduled appointment time so that we can offer that time to another patient in need of care. If you do not cancel within 24 hours of your appointment time, you will be charged a no-show fee of \$30. This fee must be paid in full before your next office visit. Bray Family Medicine may choose not to see those who repeatedly miss appointments or cancel appointments without sufficient notice. Being hospitalized or providing an explanation regarding an emergent event or circumstance beyond your control will not be considered a no-show.

Laboratory Testing

Lab draws are performed Monday – Thursday 8:00 am – 4:30 pm and Friday 8:00 am – 12:00 pm & 1:00 pm – 4:30 pm. Lab draws do not require an appointment. If you have diabetes, your lab should be drawn every 3 – 6 months.

It's best to get your lab drawn 2 – 3 days before your scheduled appointment so the results can be discussed during your visit. If not available during your visit, your results will be sent to your Patient Portal.

Paperwork

Any paperwork for medical equipment, diabetic supplies or handicap parking, FMLA requests or other work-related forms, physical forms, or a request for a written letter from your provider ideally should be discussed & completed during an office visit. Please schedule an appointment and bring all forms and related information. If it is determined after a visit that paperwork is needed, you must provide the appropriate forms and complete a paperwork questionnaire that includes the information necessary to meet your request. Our fee for completing paperwork will depend on the time requirement, and payment is due before your provider can begin filling out the paperwork. Please allow your provider at least two weeks for completion.

Refill Requests

To request a prescription refill, please contact your pharmacy directly. If you have no refills remaining, your pharmacy will send a refill request electronically allowing us to respond quickly. Refill requests are processed during regular business hours usually on the same day we receive the request. If your refill is not ready within 48 hours, call us at (870) 464 – 1515. Please check your medications before all vacations, holidays and weekends to ensure you have an ample supply during these times.

Appropriately managing chronic, ongoing pain requires a multidisciplinary approach. Therefore, any patients having a continued need for hydrocodone, oxycodone, morphine or other narcotic pain medications will be referred to a pain, spine or joint specialist.

Wellness Visit vs. Regular Visit

A wellness visit is a yearly visit with a member of your healthcare team (usually an RN or other trained clinical staff member) to discuss your risks for developing health issues in the future and ways to reduce your risks. A wellness visit does not include a discussion of new problems or detailed review of chronic conditions. Wellness visits are covered by most health insurance plans at no cost to you. If you have a specific concern or need to discuss a known chronic medical condition, you will need to schedule a separate visit with one of our healthcare providers.

Wellness Visit

Frequency: Yearly
Cost: Typically, no cost to patient
Examples: "Welcome to Medicare", Annual Medicare Wellness, Adult Wellness, Well-Child

Services Covered:

- Review of general health and well-being
- Update of health history
- Health education & counseling on risk factor reduction
- Immunizations
- Screening test recommendations & referrals

Regular Visit

Frequency: As often as needed
Cost: Subject to copay, deductible & coinsurance if applicable
Examples: Check-ups for medication refills or to discuss lab results, visit to discuss a health issue

Services Covered:

- Specific, new or existing health problems
- New prescriptions and refills
- Referral to a specialist
- Lab work or x-ray orders

Differences Between Screening & Diagnostic Testing

Depending on your age and risk factors, screening tests may be recommended to catch problems early & are typically covered by health insurance plans at no cost to you. Diagnostic tests are ordered by your provider when you have symptoms and they want to find out why & are subject to copays, deductibles & coinsurance. For example, your provider might want you to have a test because of your age or family history, that's a screening test, but if it's because you're having symptoms of a problem, that's a diagnostic test.

Understanding Your Insurance Plan

Deductible: Amount you must pay for covered medical services or supplies, such as doctor's visits or prescription drugs, before your insurance begins to pay.

Copay: The set amount you pay for each covered medical service or prescription drug.

Coinsurance: Coinsurance is the amount you pay after you have met the deductible. It is typically a percentage of the total cost of the covered medical services or supplies. The most common coinsurance split is 80/20. This means that the insurance company will pay 80% and you are required to pay the other 20%.

- Out-of-pocket maximum:** The most you have to spend for covered medical services or supplies in a year. When the total amount you pay, including your deductible, copays & coinsurance, reaches the out-of-pocket maximum, your insurance company covers 100% of any additional covered medical services or supplies until the end of the plan year.
- Explanation of Benefits (EOB):** Summary of charges that your insurance company sends you after a claim is filed for a covered medical service. It is not a bill. If you owe more for a covered medical service, you will receive a bill from your provider.

Example

Mary has a \$1200 medical bill. She has a \$200 deductible and 80/20 coinsurance split.

Amount of the medical services (\$1200) less the deductible (\$200) = \$1000 remaining.

For the 80/20 coinsurance split, Mary pays 20% (\$200) and her insurance company pays 80% (\$800).

Mary pays:	\$400 (\$200 deductible + \$200 coinsurance)
Insurance company pays:	<u>\$800</u>
Total:	\$1200

After she has met her deductible within the plan year, Mary would be responsible for 20% of the total cost of additional medical services.

Financial Policy

Insurance Claims

We charge what is usual and customary for our area. As a courtesy to you, our patient, we accept most insurance plans and submit claims to these plans on your behalf. It is important that we have accurate and complete information on your insurance coverage. We will not become involved in disputes between you and your insurance company regarding deductibles, copays, covered charges, secondary insurance, etc. other than to provide factual information as necessary. Insurance coverage is a contract between you and your insurance company. We are not a party to that contract, but in order to be a participating provider and file claims for services rendered, we are required to enter into a contractual agreement with each insurance company and ensure that all your insurance plan's requirements are met prior to providing services. It is your responsibility to pay for all services not covered or denied by insurance. We are happy to provide any services you need, but if your insurance plan does not cover certain services, you will be required to pay for the non-covered services. If your insurance plan denies rendered services, in full or part, we will bill the balance to you. Payment of copays, deductibles, and non-covered services is expected at the time of service. Patients without insurance are expected to make payment prior to service. Bray Family Medicine accepts cash, checks, credit cards and health savings accounts. Checks returned for non-sufficient funds will be charged \$25.

High Deductible Plans

One of the biggest challenges in healthcare is developing innovative and truly effective methods to help patients live healthier lives at a time when all Americans are struggling to afford ever-increasing health insurance premiums for plans with often such high deductibles that won't ever come close to being met unless catastrophe strikes. A large percentage of Americans are paying a high price for catastrophic coverage but having to forego chronic disease management visits, lab monitoring, and medications refills due to high drug costs, unmet deductibles, and the fear of what these services may cost. Inadequately managing chronic diseases, in turn, greatly increases the risk of a catastrophic event. At Bray Family Medicine, we believe in price transparency. A clear understanding of the costs of your care will enable you to make informed decisions about how your healthcare dollars are spent.

Unmet Deductibles

If you want our services filed as a claim and go towards your deductible, we are required to charge you the allowable rate set by your insurance company. There is such a wide variation in rates among the numerous plans offered by all

the different insurance companies that it is impossible to obtain an accurate estimate before services are rendered. If your plan has a deductible that has not yet been met, you are required to pay \$75 when you check-in for your visit (excludes behavioral health visit). This payment will be applied towards your deductible. You will receive a bill for the remaining balance which is dependent upon your insurance allowable rates.

Sliding Scale Fee Discount Program

This program is designed to provide free or discounted medical care to those who have no means, or limited means, to pay for visits with a medical provider (uninsured or underinsured). All patients seeking medical services at Bray Family Medicine are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay. Apply here: [Program Application](#) or request an application at the front desk.

Discounted Direct Care Rates

Those with high-deductible insurance plans which are unlikely to be met in the calendar year may decide it's best NOT to file an insurance claim for services rendered and elect instead to take advantage of our discounted direct care rates. For uninsured patients or patients who direct us NOT to file an insurance claim, our discounted direct care rate for an in-person office visit is \$75 regardless of complexity or type of visit (excludes behavioral health visit). Our discounted direct care rate for a telemedicine video is \$40. Payment in full must be received at the time of service. If lab, procedures, or any other services are indicated, the exact amount of each additional service will be provided for your approval before the service is rendered. A detailed list of all of our discounted direct care rates is available upon request.

Motor Vehicle Accidents

In the event you are involved in a motor vehicle accident, you are expected to pay for services when rendered. We will gladly provide you with all the necessary paperwork to file your claim with your car insurance.

Workman's Comp

In the event you suffer a work-related injury, you are expected to pay for services when rendered. We will gladly provide you with all the necessary paperwork to file your claim with your employer.

Online Bill Pay

Bray Family Medicine patients who use the Patient Portal have the option to receive paperless statements rather than printed copies of their Bray Family Medicine statements and pay their bills online from within their Patient Portal account.

Payment Plan

We understand that medical bills are often an unplanned expense and can be hard to pay. If your account balance is more than \$200, you may request a payment plan.

Nonpayment

We require timely payment of your bill. All copays, deductibles, and coinsurance amounts are due at check-in before you see your provider. If there is a balance due after your insurance has paid, you will receive adequate notifications via email, regular mail or by telephone call. If the balance remains unpaid after 3 statements have been sent, we will refer your account to a collection agency.

Your Rights and Protections Against Surprise Medical Bills

When Bray Family Medicine is out-of-network with your insurance company for emergency care or you get treated by an out-of-network provider while receiving covered services at Bray Family Medicine, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

- When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn’t in your health plan’s network.
- “Out-of-network” describes providers and facilities that haven’t signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “balance billing.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.
- “Surprise billing” is an unexpected balance bill. This can happen when you can’t control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

- **Emergency services:** If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan’s in-network cost-sharing amount (such as copayments and coinsurance). You **can’t** be balance billed for these emergency services. This includes services you may get after you’re in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.
- **Certain services at an in-network hospital:** When you get services from an in-network hospital, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan’s in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can’t** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can’t** balance bill you, unless you give written consent and give up your protections.

You’re **never** required to give up your protections from balance billing. You also aren’t required to get care out-of-network. You can choose a provider or facility in your plan’s network.

When balance billing isn’t allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed by Bray Family Medicine, please call (870) 464 - 1515.

Visit www.cms.gov/nosurprises/consumers for more information about your rights under federal law.

What to Expect at Your First Visit

Scheduling Your Appointment

To schedule an appointment with a medical provider or counselor, call (870) 464 – 1515 to speak to an operator. Be prepared to provide your full name, date of birth, social security number, current address and phone number, and your current insurance information. You will want to let the operator know about all the concerns you would like addressed so that we can schedule the appropriate amount of time to care for your needs.

What To Bring To Your Appointment

For your first appointment with your PCP, you will need to bring:

- A valid government issued driver's license or other photo identification.
- Your health insurance card and your pharmacy benefit card, if applicable.
- Your copay (if you have one) or \$75 if your plan has a deductible that has not yet been met (excludes Behavioral Health).
- All medications you are currently taking (prescription & over the counter).
- Any previous medical records you may have including immunizations.

This is all to ensure your personal security as well as making sure that your medical records are up to date. Our goal is to provide you with the safest care possible and having all your medical information helps us accomplish that goal. If you have a complicated medical history, we recommend completing a [medical release form](#) before your first visit, if possible. You may email your completed medical release form to registration@brayfamilymed.com and we will request your records from your previous primary care provider.