



Robert C. Raley, MD
Aline C. Zeringue, RN, ACNS-BC
Amanda Mishra, RN, ACNS-BC
Eileen M. Costa, APRN, FNP-C
Belinda Read, AGCNS-BC

ATX PRIMARY CARE PRACTICE POLICIES

Services Provided

ATX Primary Care employs licensed health care providers to provide diagnosis and management for adults in accordance with Texas laws. Following an initial assessment, discussion of treatment options and recommendations will occur. Together, a decision on the best course of action will be made. Primary care is a partnership and requires active participation from both patients and providers.

Insurance / Financial Agreement

ATX Primary Care and its providers do not contract with commercial insurance plans. ATX Primary Care is not contracted with Medicaid or any Medicare Advantage Plans. Payment is due at the time services are rendered and is based on the fees outlined prior to starting treatment. For patients with insurance, ATX Primary Care and its providers are considered “out-of-network”. A billing statement will be available for patients at the completion of the visit. Patients may choose to submit this statement to health insurance carriers to receive reimbursement at “out-of-network” rates. Outside of providing the billing statement and the visit documentation notes with appropriate diagnosis codes, we do NOT participate in the re-imbursment process and will not submit claims directly to insurance carriers.

We are considered in-network with “traditional” Medicare. As a service to those patients with traditional Medicare, we will bill Medicare directly. We will collect any co-pays at the time of the visit or bill for those co-pays. Patients are still responsible for any co-pays, any co-insurance, and meeting all required deductibles and out of pocket expenses per the terms of Medicare.

There will be a \$40 fee for any returned check.

Prescription Refills

Prescriptions will be sent electronically to the pharmacy. If refills are needed, patients should first contact the pharmacy to request a refill. If there are no further refills available on a medication, patients should call the office. Patients should allow 48-72 hours for refill requests to be processed and should request these during normal business hours, Monday – Thursday, 7:30-5:30.

Prescription of Controlled Medications

ATX Primary Care does not prescribe ANY schedule II drugs, including opioids or stimulants, or medical cannabis. Prior to initiation or continuation of any controlled medications, such as opiate derivatives, benzodiazepines, hypnotics and other controlled substances, Federal and State databases (Prescription Monitoring Program) will be accessed and routinely monitored.

Patients who require chronic pain medication will be referred to a pain medicine specialist.

Patients with chronic psychiatric illnesses may be referred to our psychiatric, psychologist, or therapy specialist colleagues.

Prescription medication forgery, misuse and/or diversion of controlled medications are grounds for termination from the practice.



Robert C. Raley, MD
Aline C. Zeringue, RN, ACNS-BC
Amanda Mishra, RN, ACNS-BC
Eileen M. Costa, APRN, FNP-C
Belinda Read, AGCNS-BC

Cancellations, No-Shows, and Late Arrivals

ATX Primary Care understands the complexities of life and unforeseen changes that may occur. Patients are asked to kindly give 24-hour notice if they are unable to make a scheduled appointment. Patients arriving late to scheduled appointment times may be asked to wait or reschedule.

Emergencies and After-Hours

In the event of a medical emergency, patients should call 911 or go to the nearest emergency department. Currently, ATX Primary Care does not provide after-hours access or services. Patients should contact the office during normal business hours, Monday – Thursday, 7:30-5:30.

Treatment of Staff

ATX Primary Care has a zero-tolerance policy for any disrespect, rudeness or abusive behavior toward staff or employees. Behavior as such will result in immediate termination from the practice.

Communication by Telephone

There are times we will need to communicate with you by telephone. If you are not immediately available at those times, we will need permission to leave detailed messages on your primary phone concerning your care. Please indicate your preferences below so we are clear about your wishes on this matter.

- You MAY leave a voicemail with confidential information regarding non-urgent medical issues.
- You MAY NOT leave a voicemail with confidential information regarding non-urgent medical issues.

Medical and Financial Consent – Signature Required

ATX Primary Care employs licensed health care providers to provide diagnosis and management for adults in accordance with Texas laws. I authorize the providers at ATX Primary Care to provide me with reasonable and proper medical care.

I understand that I am financially responsible for all charges that are due at the time services are rendered. I understand that ATX Primary Care, unless I have traditional Medicare, will NOT file charges with my insurance company. I am fully responsible for submitting and collecting on any charges or claims that may be reimbursed by my insurance company.

I have read a copy of the practice policies outlined above. I have been given an opportunity to ask questions and understand the policies as they are described.

DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form.

Name:

Date Signed: