

FMG Policy 2024

Thank you for choosing Dr. Doniparthi with your care. The staff at Functional Medicine Georgia strives to provide quality service in a timely manner. To do so, we have implemented updated policies and procedures. These enable us to better utilize available appointments for our patients in need. If you have any questions regarding the updates, please get in touch with our office.

Office Hours

The office is open Monday - Thursday, 9:00am - 4:00pm

Appointments

All appointments are scheduled in advance. We cannot call in prescriptions or offer medical advice to patients before their initial visit. Patients with a “new” condition not discussed with Dr. Doniparthi will also require an appointment.

Cancellation/Reschedule of an Appointment

If you need to cancel your scheduled appointment, please call one (1) working day in advance. Appointments are in high demand, and your early cancellation will allow another person to have access to timely care. If less than 24 hours' notice is given, the patient will be subject to a fee of 50% of the cost of the visit.

No Show Policy

A “no-show” is someone who misses an appointment without canceling it within one (1) business day in advance. No-shows inconvenience individuals who need access to care in a timely manner. A no-show will be billed for the cost of the visit if you fail to cancel.

Telemedicine & Video Conferencing

All appointments made for telemedicine and or video conferencing will require a signed consent form and you will be required to make a payment on file before your appointment.

Insurance

Due to the nature of our practice, we do not accept insurance or file insurance claims. However, we can provide you with a Ledger/Superbill or letter of medical necessity that you may submit to your insurance company. Dr. Doniparthi is an out-of-network provider.

All medicare patients will be required to sign additional documents as medicare providers require.

Payments

We accept MasterCard, Discover, Visa, and American Express. We also accept HSA and FSA credit cards. Cash payments are accepted and will receive a 5% discount on services and products.

Forms/Letters

We understand that there are times when various forms or letters may be required to assist you with your healthcare needs. The staff at Functional Medicine Georgia will be happy to complete forms and write medical letters as necessary upon your request. However, fees may apply because this can require additional physician and administrative time. Please contact our office for the fee schedule and allow 7-10 days for completion.

Medical Records

Per HIPAA guidelines, copies of medical records must be requested in writing. To ensure your privacy, a form for release of medical information must be completed prior to receipt of these materials. The law allows Medical Offices 30 days to complete requests for records, though we do our best to provide them in a timely manner. An administrative fee of \$75.00 will incur for all medical records request to patients whether, printed, emailed or faxed. There will be no charge for this request if we are sending a fax to a physicians office. Our office will provide you with a request/transfer of records authorization form, this form must be completed and signed by all patients for all requests.

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Prescription/ Prescription Extension Requests:

We encourage our patients to track their medications as not to run out; we advise a minimum of two weeks prior. If you require testing, give yourself a minimum of 30 days. However, if you need a last-minute prescription extension, we will provide one for a fee of \$95.00. Please allow up to two business days for the request to be completed. The fee for same-day prescription refill requests are \$125.00 due to the administrative and physician time involved in expediting this request. These fees also apply to any other prescriptions that are requested outside of an office visit. This may require a prior authorization from Dr. Doniparthi. Please allow ample time for any and all prescription requests.

Order Request

A charge of \$45 for **ALL Patients** requesting orders for blood work, Imaging, X-rays etc. All requests will be emailed to the patient directly and/or the facility you request. There is no charge for requests made by Dr. Doniparthi during a consultation.

Emails/Phone Calls

Please allow 48 business hours for us to respond to emails. We will only respond to emails during business hours. Our office strives to maintain continuity of care with all of our patients. Extensive emails with questions for clinical staff and the physician will require the office admin to contact you to schedule an appointment. Please only send one email or message, as multiple may cause a delay in the process.

Please note, if your email contains unsolicited clinical information such as symptoms, test results or other medical information, it will not be seen, reviewed, or acted on by Dr. Doniparthi and or clinical staff. Any such information is stored and flagged in your clinical notes to be reviewed in any future booked consultations. If you need immediate help, please call our office to make an appointment. Regular office charges will apply.

SMS

We send appointment reminders and other communication via text, email, and phone calls. We do not share your information with any third party. By signing this policy, you agree to “opt-in” to these messages. You may “opt-out” anytime by texting “Stop.”

Supplements

Dr. Doniparthi does extensive research to vet the supplement products and companies we carry; however, you are not required to purchase supplements here at the office. We do caution against purchasing supplements on Amazon because of issues with counterfeit items.

Also, please note that the FDA prohibits the return of supplements and filled prescriptions.

Blood draw

If you are coming in to the office to have lab work done, and you would like to add additional tests, please advise the office at least 24-48 hours prior to your blood draw. Some tests require specific processing, supplies and pricing that we may need to have on hand.

By signing below, I acknowledge that I have received, reviewed, understand, and will comply with the policies and procedures explained in the Functional Medicine of Georgia’s *Office Policy for Patients* form.

Printed Name

Signed Name

Date