

Frequently Asked Questions



What is the mission of your practice?

My goal is to provide the highest-quality medical care and service, emphasizing a proactive, comprehensive approach to both disease prevention and wellness. I strive to provide excellence in care that is both compassionate and truly patient-focused. From the moment you enter my office, I want you to be completely satisfied with every aspect of your care.

How is the practice different from a traditional medical practice?

I have intentionally limited the size of my practice in order to devote more time to each patient's care and individual needs. I also offer patients certain non-covered amenities and benefits designed to personalize and enhance their health care experience. Patients will have little or no office waiting room time, and appointments will start promptly. This practice model also enables me to schedule longer patient appointments (approximately 30 minutes for routine appointments and approximately 60 minutes for the Comprehensive Annual Health Assessment) that they, or I, feel they need. If an issue requires extra time for evaluation or discussion, I will accommodate patients to the best of my ability. Also, you will be able to contact me on my personal patient-dedicated cell phone and email, making it easier than ever to communicate.

What services are provided as a part of my annual fee?

Please see the Highlights & Details document for a complete list of amenities and benefits provided to my personalized care patients. Your annual fee pays for those non-clinical, non-covered services. Professional services that are covered by Medicare or a commercial insurance plan will be billed separately—generally to your health plan—and you will continue to be responsible for any applicable co-pays or deductibles relating to those services.

Where is your concierge practice located?

My office is located at 244 Church Street, Sumter, SC 29150.

At which hospital will you be on staff?

I am on staff at Tuomey Regional Medical Center.

Who will cover for you when you are not available?

My goal is to be available to my patients 24 hours a day, 7 days a week. However, there will be occasions when I am out of town or otherwise unavailable. In these situations, a trusted colleague will serve as my covering physician.

Do I still need health insurance if I enroll with you?

Yes. Your annual fee only pays for the non-clinical, non-covered amenities and benefits that are described on the Highlights & Details document. Neither the fee nor the amenities take the place of general health insurance coverage. You are advised to continue your Medicare or other health insurance program coverage and to participate in your FSA or HSA plan.

Will you be a Provider on my insurance plan?

I intend to remain an in-network provider for most major PPO insurance plans and will bill your insurance directly for professional services that are covered by those plans. (Professional services are not covered by your annual fee.) If the terms of your insurance plan require a co-pay, I am obligated to request payment at the time of service. Even if I am not a provider for your insurance plan, I will attempt to refer you to in-network physicians for any necessary consultations and to in-network facilities for diagnostic tests and hospitalizations as medically indicated. Those services will likely be covered by your insurance plan.

Will my private insurance reimburse my annual fee?

The annual fee is not reimbursable by your insurance plan.

Will you be a Participating Provider for Medicare?

Yes. My office will file your claims with Medicare as well as with your supplemental insurer on your behalf, as required by law. For any patients who have a Medicare Advantage plan, office visit fees that are not reimbursed by insurance will be the responsibility of the patient.

Do you bill Medicare for my annual fee?

No. The annual fee only includes services and benefits described in the Highlights & Details that are not covered by Medicare (or any other payer) and that will not be paid for or reimbursed by Medicare.

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Is the annual fee tax deductible or reimbursable through my FSA or HSA?

In some instances, the annual fee, or part of the fee, may be payable through your HSA. You are advised to consult with your FSA or HSA plan administrator, employer, HR representative or tax adviser to clarify qualification in your particular circumstance.

What are my annual fee payment options?

Your annual fee may be paid in full by check to: **Carolina Geriatric Specialists, LLC** or may be paid annually, semi-annually, quarterly or monthly by credit card. If you opt for the semiannual, quarterly or monthly payment option, the first payment will be charged to the credit card you indicate on your Patient Agreement form upon receipt of your executed enrollment form. The remaining balance of your annual membership/enrollment fee (if any) will be charged *automatically* to your credit card in installments after your start date, accordingly. Until we hear otherwise, payments will be processed continually.

What about labs, X-rays, specialists' fees and hospitalization?

Your annual fee pays for membership in the practice and for many other non-covered benefits. All medical procedures and services, whether performed by me in my office or by other providers or health care facilities, will be billed by the performing physician and/or entity.

What if I have an emergency?

Please know that you can contact me at any time. **However, if you have a life-threatening emergency, call 911 immediately.** You can then call me or ask the hospital personnel to contact me so I may assist in your care. If you have a non-urgent problem, feel free to contact me first.

What should I do if I become ill while traveling or away on an extended vacation?

If the problem is minor, call me first. **However, if you have a life-threatening emergency, call 911 immediately** - then you can call me. With the exception of controlled substances, I will seek to accommodate your prescription requests if state/local law allows. If you seek care at an emergency room or urgent care center out of my area, you should feel free to ask the doctor seeing you to call me for coordination of your care. I will be readily available for phone consultation with you and/or other health care personnel. If you should require hospitalization while away, at your request, I will attempt to establish regular phone communication with you and your attending physician(s) to ensure continuity of care.

What if I need to see a specialist or a surgeon?

Should you desire, I am available to help you decide which specialist to see and to coordinate such consultations. This will ensure the most appropriate resource is used, the earliest arrangements are made, and your applicable medical information is sent in advance of your specialist visit.

Will I be required to pay my annual fee even if I do not use your services?

Yes. Paying your annual fee allows you to be a member of my practice and to be in touch with me whether you are sick or well. I strongly encourage you to utilize the benefits offered, regardless of your state of health, to proactively safeguard your well-being.

What happens if I move out of the area and need to terminate after I enroll?

Your membership agreement can be terminated upon 30 days' written notice to me/my practice. If you move and wish to secure a new physician, the annual fee will be refunded on a prorated basis. The last three years of your records will be sent to your new physician upon receipt of a signed release from you authorizing/directing me/my practice to send the records to your new physician. This release of records is required by law.