

Policies and Procedures

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Your rights:

- To be treated fairly, with dignity and respect, regardless of race, religion, gender, ethnicity, age, disability and/or sexual orientation.
- To have your treatment and patient information kept private.
- To know about and participate in your treatment options.

Your responsibilities:

- To provide information necessary for your care.
- To follow the recommendations as is necessary for your best care and safety.
- To provide the same dignity and respect towards your provider that you deserve.
- To refrain from any actions that could harm the lives of your provider, other treating professionals and/or other patients.
- To keep your scheduled appointments. Missing your appointments without proper prior notification could result in charges to your account. Also, repeated missed appointments with or without prior notification could result in being unable to obtain medication refills on time and/or termination from care.
- To adhere to the controlled medication agreement as regards any controlled medications that may be prescribed to you.

Financial policies:

- If you have Medicare, I can still see you, but be aware that Medicare does not allow for self-filing of claims.
- I will not be able to see you under any circumstance if you have Medicaid, even if you are willing to pay out-of-pocket.
- All fees are due at the time of service. I accept payment by cash, checks or credit card.
- I do not file insurance claims, however I will provide you with a receipt of services and the information you would need to self-file a claim directly with your insurance carrier.
- You will be responsible for obtaining any prior authorization from your insurance company for your appointment.

- Please be aware that I am considered an out-of-network provider with any insurance carrier.
- Late, missed or cancelled appointments:
 - Patients are seen by appointment only.
 - If you are late for your appointment, the appointment will end as scheduled and you will be charged the full amount of your visit.
 - If you cancel an appointment with less than 24 business hours of notice, you will be charged the full fee for your appointment.
- Additional Fees (If applicable, I will notify you beforehand of a pending charge and allow you to decide how you'd like to proceed):
 - I generally do not correspond by phone unless an emergency. If a phone conversation is requested, we will schedule time for this and my regular fee schedule would apply.
 - ** I make an effort to NOT correspond with any person about the patient unless the patient is also present due to issues of confidentiality and a conflict of interests.
 - Phone calls, emails or other correspondence related to clinical issues will be subject to a \$10 minimum charge, depending on the nature of the inquiry. You will not be billed for phone calls related to billing, scheduling or other non-clinical inquiries.
 - Pharmacy call-ins, if authorized, are also subject to a \$10 charge.
 - Any additional services requiring my involvement such as letters, forms or coordination of care may be billed at the \$250 hourly rate.
- Fee Schedule:
 - \$385 New patient visit (60 to 90 minutes)
 - \$190 Medication management (30 minutes)
 - \$250 Established patient visit (60 minutes)

By signing below, you acknowledge that you understand your rights and responsibilities and that you give your consent for care and treatment. You also confirm that if you have Medicare as a primary or secondary insurance, you will not be allowed to self-file a claim.

Patient Name (Print): _____

Patient's signature: _____

Date: _____