

OFFICE & FINANCIAL POLICIES



 (352) 629-5939

 scheduling@shcocala.com

Welcome to Symphony Healthcare, Inc. Our practice policies (including financial information) are outlined below and have been created to maintain the highest level of care for our patients.

Integrative Medicine: The main goal of Symphony Healthcare, Inc. is to implement a functional or integrative approach to medical care. Functional medicine addresses the underlying causes of disease, engaging both the patient and the provider in a therapeutic partnership. You understand and agree that utilizing this format may require additional office visits as compared to traditional medical practices. While we do address primary care and chronic issues, our mission is to focus on hormones, thyroid disorders, autoimmune disorders, and gut microbiome issues as the root cause of most chronic illnesses. I am not credentialed with any local hospital. We encourage you to have a PCP or Internist in your network for routine cares that can go through insurance. If I am your PCP & you are admitted to a hospital, we will utilize the Hospitalist group associated with that hospital for your inpatient care.

Medicare: We are out of network with all Medicare plans as of April 1, 2026

Self-Pay: We are out of network with all Commercial Insurance Plans.

Initial Visit fee is \$275. Follow up visit fee is \$125 for routine visit, \$200 for extended visit. Telemedicine visits can be scheduled

Appointments: We see patients by appointment only. Same day appointments are usually available for urgent or sudden needs for established patients. We have a limited number of same day or "sick/work in" visits. Please call as early as possible, as these spots do fill up quickly. If there are no available appointments, and you must be worked in, please understand you will have an additional wait time.

Cancellations and No Show: We require a 48-hour cancellation notice if you are unable to keep your scheduled appointment. This allows us to provide that time slot to another person. If you No Show to your appointment or do not give the proper 48-hour notice, you will be charged a fee of \$50. If you have more than two instances, you are subject to dismissal from the practice. We utilize an automated appointment reminder service; however, this is offered as a courtesy only and not a means to depend on to remind you of your appointments.

After Hours and Emergencies: For a serious emergency, call 911 right away. If you do need to contact our office after hours, please call our main number 352-629-5939 and follow the instructions to be transferred to the On-Call nurse. You will be asked to leave a detailed voicemail message--your message will be reviewed & returned as soon as possible. Please note that we do not call in prescriptions after hours or process routine refills, schedule appointments, or other non-urgent needs. Please leave a voice mail if you need to cancel your appointment. You will be directed to call the office during normal business hours for non-urgent needs.

Treatment of Minors: Patients under the age of 18 must be accompanied by a parent or guardian to every visit.

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Nurse Calls and Messages: To speak with a nurse, you will be transferred by the receptionist. Often at the time you call the nurse is assisting another patient, so your call is answered by Voicemail. Please leave a detailed message - including your full name and date of birth. The nurse will return your message to your patient portal in 24-48 hours.

Prescriptions and Refills: We will not prescribe new medications without an office visit. This is for your safety.

Medication refills are to be done only at the time of your office visit. A Brief Office Visit may be required to refill your particular medication if you are between appointments.

- Refills require approval from the provider. Requests are typically processed within 24-48 hours. Any requests made after 12 noon might not be able to be processed until the next business day since the provider is typically with patients throughout the day. (Our Office Hours are Monday- Thursday 8am - 5pm. We are closed on Friday).
- To request a refill by phone or via portal - please be sure to leave a detailed message including full name and date of birth, prescription name, strength, dosing information, pharmacy-name and phone number. Some medications have potential side effects that must be monitored. We require office visits every 3-6 months for those medications. Be sure to keep those follow-up appointments to avoid any delays on your refills.
- Some prescription refills may need an in-office visit, especially if controlled.

Narcotics / Controlled Medications: We limit the use of controlled medications to short-term use only. If you require use of any controlled medication long-term, we will happily refer you to a specialist that is appropriate for you. If at any time, you are prescribed a controlled medication, it is important for you to know:

- You must disclose all medications you are taking from all sources to avoid any interactions, *Medications must be taken as directed. You must not share, sell, or otherwise permit others to have access to your medications.
- Controlled medications require an office visit for refills.
- Controlled medications are subject to be recorded by and monitored by The Florida Prescription Drug Monitoring Program, known as E-FORCSE.
- If at any time, Symphony Healthcare, Inc. believes there is any misuse of your medication, we reserve the right to refuse to refill any further medications, administer a drug test, and dismiss you from the practice, if necessary.
- A random urine drug screening may be required. Presence of abnormal results that would indicate a possible misuse, may result in the actions listed above.
- Refills will not be processed prior to the due date. If your prescription is lost, stolen, or otherwise not available to you for whatever reason, your refill will not be processed until it is due, even with a police report.
- Controlled medications have a higher potential for addiction. We will monitor you closely. You will be required to comply with our practice policies whether written or at the provider's discretion. You will be required to keep your office visits as scheduled.
- If you do not adhere to these guidelines, we will not refill your controlled medication.

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Lab Work: We will provide a lab order form when appropriate, to the lab facility of your choice. We do offer attractive self-pay rates for a wide variety of lab tests using Access Lab. Symphony Healthcare, Inc will assume no responsibility for whether a particular lab test is covered by your insurance plan.

Referrals: It might be necessary to refer your care to a specialist or another provider. As we are out of network with insurance plans, it would be wise to have your in-network Primary Care Provider do your referrals, as it may be denied coming from an out of network provider.

Disability, Insurance Forms, FMLA & Prior Authorization requests: Due to the information that is required in these forms, an office visit appointment is required.

Results: Lab results are reviewed at the time of your visit. We provide access to your portal for lab and other test results we have ordered. We do not fax or email results or medical records due to the sensitive nature of the material, unless expressly approved by the patient. We recommend using your portal for access, request a Quest or LabCorp portal, or pick up a copy at our office.

Medical Records: We will provide you a copy of your medical record upon written/signed request and for a fee that is allowable in the State of Florida. The fee schedule for medical records is a \$10 research fee and \$1.00 per page. You will be notified when your request is complete and ready for pick up: As a courtesy - we will send provider - to - provider medical records at no fee to you, if electronically transmitted to their office & a form is completed. Please allow 30 days for processing. Only test reports that were ordered by Symphony can be released to you. Please contact the provider who ordered other testing for your reports.

Auto Accident: We are not a provider for auto accidents. You must seek care at an Emergency Room, Urgent Care or Chiropractic office in a timely fashion so as not to lose your benefits.

Worker's Compensation: If your injury is due to an accident in your workplace, please contact your work/supervisor for instructions on what to do. We are not able to provide care for these injuries, and doing so may interfere with your claim.

Dismissal: If you are "dismissed" from the practice, it means you can no longer schedule appointments, get medication refills or consider us to be your provider. You will need to find a provider in another practice.

Common Reasons for Dismissal:

- Failure to keep appointments, 2 or more no-show or late cancellations.
- Noncompliance, which means you won't follow provider instructions about an important health issue.
- Abusive to staff.
- Failure to pay your bill.

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Dismissal Process: We will send a letter to your last known address, via certified mail, notifying you that you are being dismissed. If you have a medical emergency or are sick within 30 days of the date of the letter, we will see you for that reason only. After that you must find another provider. We will forward a copy of your medical record to your new doctor after you sign a release form and payment for medical records is collected.

Documentation: Our office may use secure AI-assisted technology during your visit to enhance documentation and support clinical decision-making. All information is kept confidential and used only to improve your care.

Returned Checks: There will be a \$50 fee assessed for any check returned by your bank for any reason. Future checks will not be accepted.

Collections: Accounts that are not paid within 30 days begin our in-house collection process. If your balance becomes 65 days old, your provider will be notified and you may be subject to dismissal from the practice.

Billing: If you receive a bill from us, it is because we believe the balance is your responsibility. If you have questions about the bill, please call the office.

Third Party Billing: If you receive a bill from a third-party company, such as a laboratory, and you believe you were billed in error – Please contact the company that billed you directly &/or your insurance company if appropriate. We do not handle any billing aspects from any company other than Symphony Healthcare, Inc.

Symphony Healthcare, Inc. Updated 1/01/2026

Name: Relation to patient: Date:

SYMPHONY HEALTHCARE, INC

NOTICE OF FINANCIAL OBLIGATION



I understand and agree that:

- Symphony Healthcare, Inc is not in network with any commercial insurance companies.
- Symphony Healthcare, Inc is not in network with any Medicare or Medicaid insurance plans.
- I will be financially responsible for any and all charges for all services and for my visits provided by Symphony Healthcare, Inc.
- There are certain times when diagnostic tests and recommendations will be ordered as part of my healthcare. These tests include, but are not limited to: laboratory tests, radiology imaging, prescriptions, procedures, and referrals to other health care providers. I understand that it is my responsibility to understand what services are covered or non-covered by my insurance company since Symphony Healthcare, Inc does not verify benefits with other health care providers or facilities. I understand that I have the right to refuse any service that has been recommended but I will be required to sign the Informed Consent/Refusal Form.

AUTHORIZATION TO RELEASE INFORMATION

Many of our patients allow family members or others to call and request results of tests, procedures, billing issues, or appointment scheduling. Under the requirements of HIPAA, we are not allowed to give any information to anyone without your written consent. If you wish to authorize anyone to obtain any information from Symphony Healthcare, Inc, please provide the individual names and phone numbers. You have the right to revoke this consent, in writing, except where we have already made disclosures on your prior consent.

Name: Relation to patient: Phone:

COMMUNICATION AUTHORIZATION

I understand that as part of my health care and treatment, Symphony Healthcare, Inc may need to reach me for various reasons. I Do / Do Not authorize Symphony Healthcare, Inc to leave voicemail/text messages regarding communication of any health care, treatment, instructions, procedures, clinical information, billing, and/or appointment needs.

I Do / Do Not authorize Symphony Healthcare, Inc to email me at the email address provided on the Registration Form regarding communication of my health care, treatment, instructions, procedures, clinical information, billing, and/or appointment needs.

PROTECTED HEALTH INFORMATION

Symphony Healthcare, Inc will use and disclose your PHI to provide, coordinate, or manage your health care needs. Your PHI will never be released without written and signed consent from you, unless we receive a judicial subpoena or is a result of a request from your insurance company which has a blanket authorization to ask us to restrict parts of your PHI to be released or disclosed. You have the right to receive confidential communications. You have the right to request an amendment to your PHI. You have the right to receive an accounting of certain disclosures. You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. We will not retaliate against you as we are required by law to maintain and respect the privacy of PHI.

I have read and understand the Notice of Office & Financial Obligation, Authorization to Release Information, Communication Authorization, and Protected Health Information (PHI). At any time, I may ask for a copy of the policies for my own record.

Print Name: Signature: Date:

CONSENT TO PARTICIPATE IN TELEMEDICINE CONSULTATION



_____ (hereinafter "I") seek the telemedicine consultation of Symphony Healthcare, Inc. ("Practice"). I am executing this Consent to Participate in Telemedicine Consultation ("Telemedicine Consent") to verify and confirm my discussion with Debora Donahue, APRN, a licensed Family Nurse Practitioner ("Provider") regarding the risks, benefits, and alternatives to the telehealth consultation services through Practice. I am seeking the telemedicine consultation services of Practice for my own purposes and not on behalf of any third party. I understand that I am a participant in the decision-making process and I am free to decline services or treatments at any time. I retain the option to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled. I acknowledge that Provider may, in his or her sole discretion, determine whether the nature of my consultation is inappropriate for telemedicine, and may require me to come in for an in-person consultation. I agree to bring to the attention of Practice, if, at any time, I have any lack of understanding of such risks, benefits and alternatives, and inquire of Provider for further explanation until I have a full understanding before giving consent to any treatment or services.

1. Purpose. The purpose of this form is to obtain your consent for the use of telemedicine consultations with Provider. The purpose of the use of telemedicine consultations is to assist in the care and services provided by Practice and ultimately to assist in.
2. Nature of Telemedicine Consultation. Telemedicine involves the use of audio, video or other electronic communications to interact with you, consult with your healthcare provider and/or review your medical information for the purpose of diagnosis, therapy, follow-up and/or educational purposes. During your telemedicine consultation, details of your medical history and personal history information may be discussed with other health professionals through the use of interactive video, audio and telecommunications technology. Additionally, a physical examination of you may take place and video, audio, and/or photo recordings may be taken.
3. Risks, Benefits and Alternatives. The benefits of telemedicine include having access to medical specialists and additional medical information and education without having to travel outside of your local health care community. Additional benefits are that patients may be diagnosed and treated earlier which can contribute to improved outcomes and less costly treatments. Potential risks of telemedicine include that because of your specific medical condition, or due to technical problems, a face-to-face consultation still may be necessary after the telemedicine appointment. Practice has taken the following steps to ensure the privacy of the telemedicine consultation:
 - o We use only HIPAA compliant software through our Electronic Medical Record (EMR) software, teleconferencing software, and other electronic service providers;
 - o We have taken steps to encrypt data stored on local devices, if any;
 - o We use password protected screen savers and data files; and
 - o We use other reliable authentication techniques and safeguards, both electronically and physically, to reduce the likelihood of patient data or privacy breaches.

In rare instances, technology failure may lead to the loss of information provided through telemedicine consultations. Additionally, in rare instances, security protocols could fail causing a breach of patient privacy. In rare cases, a lack of access to complete and/or accurate medical records or information may result in adverse drug reactions, allergic reactions, or other judgment errors. You agree to hold Provider and Practice harmless from any such information loss, and any resulting judgments or decisions, due to technological failures outside of their agency or control. The quality of transmitted data may also affect the quality of the services provided via the telemedicine consultation. The alternative to telemedicine consultation is a face-to-face visit with a physician. of any program benefits to which you would otherwise be entitled. You have the right to be informed of and object to videotaping or other recording of the telehealth consultation.

CONSENT TO PARTICIPATE IN TELEMEDICINE CONSULTATION



4. Medical Information and Records. All laws concerning patient access to medical records and copies of medical records apply to telemedicine. Dissemination of any patient identifiable images or information from the telemedicine consultation shall not occur without your consent.
5. Confidentiality. All existing confidentiality protections under federal and state law apply to information used or disclosed during your telemedicine consultation. However, there are both mandatory and permissive exceptions to confidentiality, which may allow or require disclosure of information used or disclosed during the telemedicine consultation. You will be informed of any parties who will be present from the Practice during your telehealth consultation, and will have the opportunity to exclude anyone from attending the consultation.
6. Rights. You may withhold or withdraw your consent to a telemedicine consultation at any time before and/or during the consultation without affecting your right to future care or treatment, or risking the loss or withdrawal

Name: Relation to patient: Date:
