

Dear Cayuga Family Medicine patients,

As we start a new year the providers and staff at Cayuga Family Medicine, are thankful that you are our patients and hope that you have a healthy 2024.

Over the past several years, we have run into many questions from patients about certain aspects of our practice. In the spirit of transparency, we would like to offer you a short list of frequently asked questions and their respective answers.

We look forward to another year as your primary care providers.

Warmly,

Drs Jamie Loehr, Alexandra Karnow, Sally Wineholt, Betsy Horst, and NP Ben Kornblum

### **Frequently Asked Questions**

#### **1) Can you please do a special favor for me because I have been a long standing patient at your practice?**

All our patients are important to us and no one patient is more important than any other patient. Please don't ask for or expect preferential treatment based on who you are or how long you have been a patient at our practice.

#### **2) Why can't you fix this problem for me NOW?**

Please respect the staff. This includes not raising your voice or yelling at the staff, not harassing the staff, and not calling the office more than twice a day.

#### **3) Why can't you see me today; I'm only 20 minutes late?**

Please respect the office schedule. This means arriving on time and calling in advance if you need to cancel. If we see patients who are late, that means that all the rest of the patients for the morning or afternoon will also be seen late which is inconvenient to them and unfair for them.

If you have multiple no-show appointments, last-minute cancellations, or late arrivals, we may ask you to find another office for your care.

#### **4) Can you please bill me for the copay?**

Copays and account balances are expected to be paid at the time of the visit. If you are having difficulty with paying your expected costs, please contact the office to set up a payment plan.

#### **5) Why do I have a copay for my well visit?**

Insurance companies have defined a well check as a very limited visit. This limited visit includes certain health maintenance such as vaccinations, pap smears, and ordering cancer screenings like mammograms and colonoscopies plus reviewing healthy living topics such as diet and exercise.

If you have significant topics beyond a well visit, that is considered an additional problem visit. This might include managing your blood pressure medication or referring you to a consultant for your two months of knee pain or discussing how to manage your depression or anxiety. We are legally required to bill for both the well visit and the problem visit because both undercoding (not billing when you provide a service) and overcoding (billing for something not done) is considered insurance fraud. Thus, the copay is not for your well visit but rather for the additional problem-related service.

#### **6) Why do I have to come back in six months?**

We firmly believe that many medical conditions require regular follow-up appointments to manage your care. This allows us to make sure that you are on track with your various health conditions, medications, vital signs like blood pressure, and necessary lab work. Sometimes these appointments are mixed in with your annual well visits but often they require a separate visit at other times during the year.

For example, we ask for regular follow-up appointments for hypertension/high blood pressure, diabetes, depression, anxiety, and most chronic medical conditions that require a prescription medication for treatment. In addition, anyone on a controlled substance needs regular follow-up appointments.

Controlled substances include any opioids, some anxiety medications like Xanax (alprazolam) or Valium (diazepam), and many ADHD medications like Adderall (amphetamine/dextroamphetamine) and Ritalin (methylphenidate).

In general, follow-up appointments are scheduled every six months if your medical condition is stable, and more often if the condition is not stable.

#### **7) Would you please refill my opioid medicine even though the office is closed?**

Controlled substances (see #6 above for a list) will NOT be prescribed over the phone by the doctor or nurse practitioner on call. In addition, we ask for two business days to refill any controlled substances. Please keep an eye on how many of these medications you have left and contact your pharmacy or the office with enough advance notice to get your refill to you on time.

#### **8) How do I request a refill of my medication?**

There is an easy way to request refills using the Cayuga Family Medicine patient portal and you will receive an immediate message once the refill has been sent to the pharmacy. Please ask the front staff if you have any questions about the portal.

#### **9) When should I use the messaging feature in the patient portal?**

The messaging feature in the office portal is for brief messages to the office such as requests for medication refills or updates of medical conditions that do not require a lengthy response from the provider. If we run into a complicated question, we will likely ask you to make an appointment to go over it in detail.

#### **10) When will I hear back about my lab or X-ray results?**

You should always hear back about the results of your labs and X-rays that are ordered by a provider at Cayuga Family Medicine. If you have an upcoming appointment (within 2 weeks), we will go over the

results at the appointment. If you don't have an upcoming appointment, the response for most labs and X-rays will be three business days. However, some lab results are sent outside of Ithaca and won't be back for a week. Please call if you don't hear back within a week.

**11) Can you please email my results?**

We are no longer able to send confidential medical information by email. Better alternatives include sending it by using the office portal or by fax. Again, if you have any questions about the portal, please ask the staff for more information.

**12) When will the decision about my prior authorization come back?**

We have no control over the timing or outcomes of prior authorizations once they are submitted to the insurance company. Sometimes we get a response in a day but sometimes it takes one to two weeks.