



IDEAL NEUROLOGY CLINIC

Welcome! We are happy you are considering Dr. Chalfin for your neurology care. The Ideal Neurology Clinic is a small private neurology practice dedicated to providing personalized, compassionate care for you and your loved ones. That being said, we may not be able to help everyone. Please read this document thoroughly to see if we are right for you. Our goal is to help our patients and make this part of your medical care a more pleasant experience. In doing so, Dr. Chalfin treats you like family, but just like with family, there are healthy boundaries. Please read the following expectations of your patient and financial responsibilities. By continuing to request care from Dr. Chalfin, you are agreeing to all of the policies listed; this important step in our partnership will ensure an aligned and sustainable doctor-patient relationship.

This office provides nonurgent, *outpatient* neurology care. All patients are expected to have a primary care practitioner, preferably a physician (M.D. or D.O), for preventative care, regular bloodwork, annual physical exams, and referrals for health maintenance such as colonoscopies. Patients may need to use the care of other specialists, emergency rooms, and urgent care centers that are outside the scope of this practice. Examples of common conditions we treat are listed on our website and are subject to change.

While Dr. Chalfin is dedicated to giving her full, undivided attention to her patients during office hours, this is a part-time practice. Our hours of operation are **Tuesdays through Thursdays 9am – 3pm**, excluding national and religious holidays. Patients are given care primarily during appointments; we do not have the resources to serve patients outside of appointments; this includes especially writing prescriptions, referrals, or any other task which requires medical decision-making. We always provide patients follow-up appointments at the time of their visits and enough refills to last until their next appointment; if a patient decides to cancel or reschedule this follow-up appointment, **we cannot guarantee same-day or next-day appointments**; the next available appointment will be provided. Urgent requests will be fit in on the next available business day at the doctor's discretion.

We reserve your time slot, so please reserve ours. No Shows and Last-Minute Cancellations or Changes will be charged a fee.

This is not an emergency facility – if you call in with acute symptoms (lasting less than 72 hours and/or concerning for acute stroke or other life- limb- or vision-threatening condition), you should call 911 first. Examples of symptoms that require ER care: sudden-onset vision or hearing loss, dizziness lasting longer than one minute, slurred speech, difficulty speaking, difficulty swallowing, difficulty breathing, weakness of face or limbs, new numbness of face or limbs, first time seizure, fever and headache, and “thunderclap” headache (worst headache of life, reaches peak intensity within 1 minute).

If you call us after hours with an urgent concern and request to page the doctor, **Dr. Chalfin will try to personally call you back as soon as she can**. However, if you page the doctor and your need is determined to be nonurgent, you will be charged for each page, and you may be dismissed if this recurs. Examples of nonurgent calls include scheduling or changing appointments, requesting refills, requesting referrals, or anything else that can be handled during office hours.



IDEAL NEUROLOGY
CLINIC

IDEAL NEUROLOGY CLINIC PATIENT AGREEMENT

This is an Agreement between Ideal Neurology Clinic, PLLC (**Practice**), a Florida LLC located at 7280 W Palmetto Park Rd, Ste 104, Boca Raton, FL 33433, Dr. Renata Chalfin (**Physician**) in her capacity as an agent of the **Practice**, and you (**Patient**).

1. Background

The Physician practices neurology and delivers care on behalf of Practice in Boca Raton, Florida. In exchange for certain fees paid by You, Practice, through its Physician(s), agrees to provide Patient with the Services described in this Agreement on the terms and conditions set forth in this Agreement. The practice website is <https://www.idealneurology.com>.

2. Definitions

- a) **Patient.** A patient is defined as those persons for whom the Physician shall provide Services, and who are signatories to, or listed on the documents attached as Appendix 1, and incorporated by reference, to this agreement.
- b) **Services.** As used in this Agreement, the term Services are those offered by Practice and set forth in Appendices 1 and 2. This Agreement is for ongoing nonurgent outpatient neurology care. The Patient is expected to maintain a relationship with a primary care practitioner, preferably a physician (M.D. or D.O.), for preventative care, including regular bloodwork, annual exams, and referrals for health maintenance examinations such as colonoscopies. The Patient may need to visit other specialists, the emergency room, or urgent care from time to time. The Patient will be provided with methods to contact the Physician. Physician will make every effort to address the needs of the Patient in a timely manner and to be available via phone when appropriate, but Physician cannot guarantee availability and cannot guarantee that the patient will not need to seek treatment in the urgent care or emergency department setting.
- c) **Outpatient.** Outpatient neurology care is defined as evaluation and management of neurological conditions that is performed outside of a hospital setting, including in-office, over the phone, or via telemedicine.

3. Acceptance of Patients. Practice reserves the right to accept or decline patients based upon its capability to appropriately handle the patient's neurological needs. It may decline new patients pursuant to the guidelines proffered in Section 7 (Term), because the Physician's panel of patients is full, or because the patient requires medical care not within the Physician's scope of services.

4. Medicare Patients. If Patient holds a traditional Medicare Part B policy, Patient acknowledges the following policies.

- a) Patient understands claims for covered services will be submitted to Medicare.

- b) Copays, coinsurance, deductibles, and any other noncovered charges are the patient's responsibility and will be expected to be paid at the time of service.
- c) Patient understands Medicare will send an Explanation of Benefits (EOB) to both Patient and the Practice showing what total patient responsibility is. If Patient disagrees with the amount owed, it is Patient's responsibility to contact Medicare immediately.
- d) Patient acknowledges that insurance coverage must be valid and verifiable at the time of services, or Patient will be charged the direct-pay fees.
- e) Patient understands that telemedicine (video) consultations will be billed in the same manner as regular office visits. Medicare may or may not cover the visit in the same manner, though.

5. Non-Participation in Insurance. Patients without Medicare Part B acknowledge the following policies.

- a) Neither Practice nor the Physicians participate in any other health insurance or HMO plans except for **traditional Medicare** only.
- b) Neither the Practice nor Physicians make any representations regarding third party insurance reimbursement of fees paid under this Agreement.
- c) The Patient shall retain full and complete responsibility for any such determination.
- d) Patient acknowledges that their insurance coverage is a contract between Patient and Patient's insurance, and that Patient is responsible for determining their insurance's coverage for services.
- e) Patient agrees to pay for each visit according to the fee schedule.
- f) Patient agrees that payment is due at the time of service.
- g) Patient agrees to pay an out-of-pocket fee of \$100 for telephone calls. This fee will be charged to the credit card on file.

6. Credit Card on File Policy. Patient acknowledges that Practice requires keeping credit or debit card on file both to reserve each dedicated appointment slot, as well as a convenient method of payment for services.

- a) Fees charged to the credit card on file include but are not limited to visit fees, co-payments, coinsurance, payments toward deductibles, and non-covered charges such as late cancellation/no-show fees, telephone encounters, and refill/form fees.
- b) Patient certifies that he or she is the authorized user of the credit card supplied.
- c) Patient acknowledges their credit card information is kept confidential and secure via Stripe, and only the last four digits of my credit card number can be seen by the Practice staff.
- d) Patient acknowledges that estimated fees will be charged at the time of appointment to the credit card on file. These are just estimates and may change at the time of insurance claim processing, if applicable. Once processed, any remaining charges will be immediately charged to the credit card on file. If there is any credit on Patient's account, a refund will be posted to the credit card on file as soon as possible.
- e) With the exception of payments due at the time of service, payments to the card on file are processed only after any applicable insurance claim has been filed and processed, if applicable.
- f) Patient acknowledges that out-of-pocket expenses incurred between visits will be charged to the credit card on file immediately and without warning. These expenses include but are not limited to no-show/late cancellation fees, telephone encounters, refills, and forms fees.
- g) Patient agrees to update credit card on file when needed. Patient will receive a statement in the event the credit card cannot be charged, and there will be a **\$25 statement fee** added.

7. **Late Cancellation Policy.** Patient acknowledges there will be a \$50 charge if Patient cancels less than 48 hours prior to an appointment time. Multiple late cancellations or no-shows may result in dismissal from the practice.
8. **Late Arrival Policy.** Patient acknowledges that Physician operates under a “therapist” model, meaning each appointment has a reserved duration of time dedicated to it, allowing patients to be seen for their entire scheduled visit time. Patient acknowledges that arriving late for an appointment may result in a visit being truncated to allow others to be seen on time. A truncated visit may result in an incomplete assessment and the patient may need to return for further assessment. Patient acknowledges if they arrive late for the visit, they may not be seen and may be charged the late cancellation fee.
9. **Telemedicine Consultations.** Patient acknowledges that Physician will sometimes engage Patient in a telemedicine (video) consultation. Patient understands:
 - a) the telemedicine consultation will not be the same as a direct office visit since Patient will not be in the same room as Physician.
 - b) Physician assumes Patient is alone during the consultation, and Physician will not know if there are any other people in the same room as me, or within hearing distance, unless Patient says so, thus confidentiality may be breached.
 - c) There are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. Physician or Patient can discontinue the visit at any time.
 - d) As an alternative to a telemedicine consultation, Patient can cancel and reschedule the visit for a later time or seek care from another doctor’s office. Patient understands if Physician believes a direct physical examination or other testing are necessary, she will ask Patient to come in for another visit in order to complete the assessment.
10. **Hospital, Emergencies, and Services Between Visits.** Patient acknowledges the following:
 - a) This agreement is for ongoing nonurgent outpatient neurology care, not primary, emergency, or urgent care. Physician will make reasonable efforts to be available by telephone for urgent needs and to see you as needed the next available business day that the Physician is available, but **there is no guarantee of after-hours availability.**
 - b) Patient may be asked to schedule an appointment if issues or questions arise between scheduled appointment times. The best way to discuss their care is in a scheduled appointment to allow for examination and enough time for discussion.
 - c) Patient acknowledges that Practice is not an emergency facility, and if they have emergency needs, Patient agrees to call 911 or go to the nearest ER. Patient understands they can page Physician after hours for urgent matters, but Patient may be charged \$50 for nonurgent matters at the doctor’s discretion. Patient may be dismissed from the Practice if this recurs.
 - d) Patient acknowledges that Physician does not go to the hospital. She may recommend you go to the Emergency Room if you are having symptoms of an emergent condition or need to be seen urgently, but in that case, your care will be under the hospital doctor(s).
 - e) Though Dr. Chalfin will make every best effort to communicate with Patient’s treating doctors at the hospital, it is ultimately Patient’s responsibility to communicate the names and contact information of Physician and other members of Patient’s treatment team to the ER/hospital. If Patient has questions or needs clarification while hospitalized, Patient agrees to ask the doctor, nurse, or charge nurse responsible for Patient’s care in the hospital because Dr. Chalfin does not have access to hospital records and is not involved in decision-making in the hospital.

11. Results, Refill, Forms, and Paperwork Policy.

- a) You agree to discuss any and all results during follow-up appointments.
- b) You agree to request all refills at the time of visits and that you will be provided with enough refills to last you until your next appointment. You acknowledge that if you cancel or reschedule an appointment, you may run out of medication. You agree to pay \$50 for any refill requests between appointment times, and that these refills will be honored at the Physician's professional discretion.
- c) You agree to request paperwork, forms, or letters during appointments. You agree to pay the out-of-pocket fee of \$50 for any letters, forms, or other paperwork that require completion by Physician outside of scheduled appointment times. You understand that you can avoid this charge by scheduling an appointment and bringing the forms to the visit. You also understand Physician will only fill out paperwork and sign statements she agrees with.

12. Controlled Medications/Marijuana Policy. Patient acknowledges the following.

- a) Dr. Chalfin does not prescribe opiates or medical marijuana for the treatment of chronic pain, or benzodiazepines for the treatment of chronic anxiety or insomnia. She does not take over the prescribing of these medications from other physicians.
- b) As required by law, Dr. Chalfin reviews your prescription refill habits through the Prescription Drug Monitoring Program, even if she is not prescribing a controlled substance.
- c) Dr. Chalfin communicates with prescribing physicians about your treatment plan if it is related, even if she is not also prescribing me controlled substances.
- d) If such medications are required for treatment of my condition, Patient agrees to bring in medication bottles to each visit for pill counts. Random urine drug screens may also be ordered between office visits to ensure compliance. Any unwillingness to participate in pill counts or drug screens will result in discontinuation of the prescription and dismissal from the practice. Any diversion or abuse of prescribed medications will result in dismissal from the practice and reporting to authorities.

13. Services Practice Does Not Provide. The following services are not offered in our office at this time, usually due to their cost prohibitive nature for such a small size practice. These may change in the future. Practice will make an effort to help you obtain needed services elsewhere in the most cost-effective manner possible.

- a) In-Office Procedures
- b) Laboratory Studies and blood draws
- c) Electrocardiograms (ECGs)
- d) MRIs, CTs, USs, and other imaging studies
- e) Electroencephalograms (EEGs)
- f) Sleep studies
- g) Dispensing medications
- h) Pathology studies
- i) Radiology studies
- j) Vaccinations
- k) Hospital Services. Due to mandatory "on call" duties required at local institutions; we have elected NOT to obtain formal hospital admission privileges at this time. See Section 10 for more information.

14. Term. This Agreement will commence on the date it is signed by the Patient and Physician below and will extend indefinitely thereafter or until either party terminates the Agreement.

Notwithstanding the above, both Patient and Practice shall have the absolute and unconditional right to terminate the Agreement, without the showing of any cause for termination. The Patient may terminate the agreement with twenty-four hours prior notice, but the Practice shall give thirty days prior written notice to the Patient and shall provide the patient with a list of other Practices in the community in a manner consistent with local patient abandonment laws. Examples of reasons the Practice may wish to terminate the agreement with the Patient may include but are not limited to:

- l) The Patient fails to pay applicable fees.
- m) The Patient has performed an act that constitutes fraud.
- n) The Patient repeatedly fails to adhere to the recommended treatment plan, especially regarding the use of controlled substances.
- o) Patient makes threats or directs any aggressive or violent behavior toward staff, other patients, or neighboring businesses, or presents an emotional or physical danger to the staff or other patients of Practice.
- p) Practice discontinues operation; and
- q) Practice may terminate a patient without cause as long as the termination is handled appropriately (without violating patient abandonment laws).

15. Privacy & Communications. Practice abides by federal privacy regulations and keeps Patient protected health information (PHI) confidential. Information will only be shared with Patient's verbal or written permission. Exceptions to this include for the purposes of treatment, payment, or healthcare operations, as well as if you are a danger to yourself or others; and if Practice or Physician are obligated to comply with an investigation. You can request a digital copy of your records at no charge, and they will be shared with you via our secure, online password-protected patient portal through Elation. You further acknowledge that communications with the Physician using e-mail, facsimile, video chat, instant messaging, and cell phone are not guaranteed to be secure or confidential methods of communications. You agree to use the online, password-protected patient portal through Elation for any general, non-urgent questions. The practice will make an effort to secure all communications via passwords and other protective means. The practice will make an effort to promote the utilization of the most secure methods of communication, such as software platforms with data encryption, HIPAA familiarity, and a willingness to sign HIPAA Business Associate Agreements. This may mean that conversations over certain communication platforms are highlighted as preferable based on higher levels of data encryption, but many communication platforms, including email, may be made available to the patient. If the Patient initiates a conversation in which the Patient discloses "Protected Health Information (PHI)" on one or more of these communication platforms, or specifically requests release of information on one or more of these platforms, then the Patient has authorized the Practice to communicate with the Patient regarding PHI in the same format.

16. Attorneys. In the event Physician is required to retain an attorney or to appear in court, the current hourly rate, billed by the quarter hour or fraction thereof, will be charged based on the most recent Attorney Fee Schedule, which can be obtained upon request.

17. Severability. If for any reason any provision of this Agreement shall be deemed, by a court of competent jurisdiction, to be legally invalid or unenforceable in any jurisdiction to which it applies, the validity of the remainder of the Agreement shall not be affected, and that provision shall be deemed modified to the minimum extent necessary to make that provision consistent with applicable law and in its modified form, and that provision shall then be enforceable.

18. Assignment. This Agreement, and any rights Patient may have under it, may not be assigned or transferred by Patient.

19. Jurisdiction. This Agreement shall be governed and construed under the laws of the State of Florida and all disputes arising out of this Agreement shall be settled in the court of proper venue and jurisdiction for the Practice address in Boca Raton, Florida

20. Updates. We will update these policies from time to time. You may review the latest policies on request.

21. Patient Understandings (initial each):

- _____ This Agreement is for ongoing nonurgent outpatient neurology care. I have a Primary Care Practitioner (PCP) for preventive care.
- _____ I do NOT have an emergent medical problem at this time.
- _____ In the event of a medical emergency, I agree to call 911 first.
- _____ I do NOT expect the practice to file or fight any insurance claims on my behalf except Traditional Medicare only.
- _____ I agree to place a credit/debit card on file to pay for fees due. I agree to the Practice charging all fees to the credit/debit card on file at the time of service. By submitting my credit card, I certify I am the authorized user on the account.
- _____ I agree to the Late Cancellation and Late Arrival Policies.
- _____ I understand there is no guarantee of after-hours availability.
- _____ I agree to receive results, ask for refills, request letters or referrals, and fill out any paperwork during visits only, or I will be subject to an additional fee.
- _____ I do NOT expect the practice to prescribe chronic controlled substances on my behalf. (These include commonly abused opioid medications, benzodiazepines, and stimulants.)
- _____ In the event I have a complaint about the Practice I will first notify the Practice directly.
- _____ I am signing this agreement and seeking neurology care from this practice voluntarily and because I believe Dr. Chalfin and Ideal Neurology Clinic are a good fit for my needs.
- _____ I may receive a copy of this document upon request.
- _____ This Agreement is non-transferable.

Patient (or Guardian) Signature

Patient (or Guardian) Name

Date

Physician Signature

Date

APPENDIX

Summary of Fees for Non-Medicare Patients [Direct-Pay Fee Schedule]

• New patient appointment (direct pay)	\$395*
• Follow-up patient appointment (direct pay)	\$195*
• Telephone calls	\$100
• Late cancellation/No Show fee	\$50
• Between-visit refill fee	\$50
• Between-visit form or paperwork fee	\$50
• Nonurgent after-hours page penalty	\$50
• Statement fee for declined Credit Card	\$25

* Patients with insurance will have their own rates as determined by their insurance company; their responsibility will be noted in their insurance company's Explanation of Benefits (EOB).

Medicare Patients are usually responsible for the following fees

- 2023 Part B **Deductible** (before any Part B benefits are paid by Medicare): **\$226**
- After the deductible is paid for the year, **20% coinsurance**: 20% of the allowable charge for each visit or fee billed, depending on the level of complexity of the visit. For example, for a Dementia Care visit, the allowable charge is approximately \$280, of which you would be responsible for \$56. These allowable charges change yearly.
- There is no copay for visits with traditional Medicare Part B.
- *If you have a secondary plan such as United American Plan F:*
 - Your secondary plan may pay some or all of your Part B Deductible and your 20% coinsurance.
 - However, your secondary plan may have a deductible of its own before its benefits kick in.
 - It may require a copay of its own for each visit.
 - If it is an official Medigap plan (titled Plan A, B, F, etc), you can look up the plan type and what it covers online, and we will do our best to estimate your responsibility.
 - If it's not an official Medigap plan, it is your responsibility to know your benefits, and you may need to fight for reimbursement from your secondary insurance company yourself.
 - Practice will charge you up-front for any estimated patient responsibility. However, these are just estimates.
 - Any change to the actual amount of your Patient Responsibility will be settled to your credit card on file once the insurance's Explanation of Benefits is posted.