

Thank you, for choosing Community Outreach Medical Center (COMC) for your healthcare needs. As an organization, we strive to provide the best care to and for YOU! We desire to make every interaction with us pleasant, informative and productive. As such, we believe we can better serve your healthcare needs if you are familiar with and adhere to the following policies and guidelines.

Office Hours & Contact:

Our office is open Monday – Friday from 8:00 am to 5:00 pm. We are closed between 12:00 pm to 1:00 pm for lunch as well as on weekends and most holidays. We do not provide emergency care or urgent care. If you need these services, please call 911 for Emergency Care or Information (411) for an Urgent Care Center close to you. Our office can be contacted via phone at 702-657-3873, via fax at 702-636-0787, and via email at info@nvcomc.org.

Appointments:

Appointments can be scheduled by calling (702) 657-3873 and speaking with a Front Office Specialist. Patients must bring identification and insurance cards to each appointment. In accordance with our *No-Show, Late and Cancellation Policy*, COMC requires that all patients provide at minimum 24 hour notice for appointment cancellation and rescheduling. New patients are to arrive twenty (20) minutes before their scheduled appointment time. Established patients are to arrive ten (10) minutes before their scheduled appointment time. Patients arriving ten (10) minutes or more after their scheduled appointment time will be marked as a *Late No-Show* and charged \$50.00. Failure to notify COMC in advance, of the inability to keep an appointment, will be documented as a “No-Show” appointment. Patients will be assessed a fee of \$50.00, per occurrence, due in full, prior to the patient being seen or scheduled for another appointment. Patients that accrue three (3) No-Show appointments within a single calendar year (January-December) are at risk of being discharged from care at COMC. NV Medicaid patients who incur instances of No-Show appointments or are frequently late to scheduled appointments are at risk of being reported to NV Medicaid as *non-adherent to care* and discharged from COMC. Patients who have been out of care or not seen by a COMC provider for more than 12 months will be required to reestablish care as a new patient. Patients transitioning care from our OB/GYN specialist to a primary care provider will also be required to reestablish care as a new patient.

Payment for Services:

Payment for services is due in full at the time of service. COMC is contracted to provide services for patients with NV Medicaid, Medicare and several commercial insurance plans, please inquire with a Front Office Specialist for more details. COMC does not invoice for any services (except on specific contracted bases for partnering agencies, i.e. AHN). We accept all major credit/debit cards in addition to cash for any payments. **WE DO NOT ACCEPT CHECKS OF ANY KIND FOR PAYMENT OF SERVICES.**

Medical Records Requests:

Under Nevada Revised Statutes (NRS) 629.061, COMC has ten (10) working days (not to include weekends) to process a request for medical records and up to twenty (20) days for requests outside of the state. A current *Release of Information* must be completed/signed and on file by you in order for us to process a request. In addition, NRS 629.061 enables COMC to charge a minimal processing fee for this service of \$0.60 per copied page. Fees will be due prior to releasing copies of medical records. COMC will provide a copy of any records that are necessary to support a claim or appeal under any provision of the Social Security Act, 42 U.S.C. §§ 301 et seq., or under any federal or state financial needs-based benefit program, without charge, to a patient, or a representative with written authorization from the patient, who requests it, if the request is accompanied by documentation of the claim or appeal.

Forms for Completion:

COMC requires a minimum of five (5) working days to process your request for the completion of forms/letters for verification of medical conditions such as disability and FMLA forms. There will be a fee charged to you prior to releasing the completed forms. This fee is based on the number of pages we are required to complete. NV Medicaid patients are not subject to fees for FMLA form completion.

Prescription Refills:

As a best practice, COMC requests that all prescription refills be discussed at your follow-up appointment. Requests made outside of a follow-up appointment should be made at least two (2) weeks before your prescription runs out. As we may not be able to meet complete/fax refill requests on the same day as they are received.

Test Results:

Please allow a minimum of two (2) weeks for us to process and receive your test/lab results. All test results will be discussed with you at your follow-up appointment or by letter (for applicable patients only), we will not provide test results over the phone. If you are awaiting a result letter & have not received it in two (2) weeks from the date of your test, please call the clinic to inform us. If you are picking up your letter, then you may do so no earlier than two (2) weeks after your test was completed.

Call Backs:

For any concerns or needs requested via phone or voice message, please allow our teams a minimum of forty-eight (48) hours to return any phone calls or messages. If contact is able to be made sooner, we will do so.

**For patients eligible for services provided by NV Medicaid or the Ryan White Program, certain policies (regarding payment/fees) may not apply to you. Please inquire with a Front Office Specialist if you have any questions or concerns.*