

VistaFamilyHealth

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Mission: Provide efficient, safe, accurate, timely, evidence based medical care. Increase patient satisfaction by listening, caring, treating, and educating. Use technology to: improve outcomes, enhance information sharing, and protect the doctor patient relationship. Correctly record patient encounters and accurately charge for services. Treat each patient and staff member with respect and dignity.

Office Hours: 24 hour on call service available at office number (509)735-2325

Mon: 8:30 am – 5 pm

Tues, Wed, & Thurs: 8:30 am – 6 pm

Fri: 8:30 am – 3 pm

Scheduling Policies: Please cancel appointments 24 hours in advance. Time allowed for each appointment depends on the type of appointments requested. Multiple “No Shows” may result in termination from practice.

Prescription Refills: Most refills require an appointment, Medications are written with refills to last until the next follow up is due. You can transfer prescriptions directly from pharmacy to pharmacy while refills remain. Monthly written prescription requests are due 5 days prior to pickup. Appointments may be necessary for new prescriptions due to insurance changes. Please call your pharmacy with refill requests. Approved refills take 48-72 hours (2-3 business days). Call your pharmacy to check on status. Pain medication refills are not approved on nights or weekends.

If you go out of town without medication, misplace medication or prescriptions, there is a fee of \$20 for re-orders. Insurance companies will not pay this fee. Pain medication is not re-ordered.

Mail-in Prescriptions: We suggest you review and personally mail in 90 day prescriptions. If faxed directly to mail order at your request, we will not refund you for medication errors or duplication.

New Prescriptions: Medical providers are not able to write prescriptions for conditions that they have not treated you for. Appointments to treat illness or injury will have prescriptions written as part of the visit. New prescriptions for pain medication are not approved after hours.

Billing Policies: Please provide accurate insurance information and understand your insurance coverage. All balances are patient responsibility. Co-payments, deductibles, and known non covered amounts are due at time of service. Statements are sent for charges that have processed to insurances, and patient payment is due in full. 18% annual interest is applied to accounts with patient balances over 30 days.

Accounts seriously past due may be sent to a collection agency, or assessed a \$40.00 non-payment fee. Accounts sent to collections are terminated permanently from Vista Family Health. Accounts assessed a nonpayment fee, must pay the overdue balance, plus fees, to transfer records, make an appointment, or other services. Final notices are sent prior to these actions.

We are not able to “adjust” billing to match insurance coverage. We want you to understand your account. If we have made an error, every action possible will be taken to correct the situation immediately.

Privacy Policies: We follow federal guidelines to protect your information. We give courtesy reminder calls and messages unless you notify us in writing not to. Messages regarding test results or follow up, will instruct you to call the office without giving details. Information is shared with insurance and specialists as needed. Privacy statements are available upon request.

FREQUENTLY ASKED QUESTIONS:

What is the charge for an appointment? Services are based on "procedure" codes determined by the Federal government. Each defined service is outlined by CMS (Medicare/Medicaid) and used by government and private insurers. The code depends on many factors including the number and complexity of conditions, histories, examination components, tests ordered or reviewed, referrals ordered or renewed, consultant notes reviewed, patient counseling or education, prescriptions ordered, and other criteria. Appointment fees range from 35.00 to 220.00.

Illness and Wellness are separate types of services. We are not able to provide wellness care at an illness appointment, or manage illnesses at well examinations. If both services are rendered, we bill for a well examination and a separate charge for illness care. Services such as vaccines, ECG, Urinalysis, Strep tests, Flu tests, Ear wax removal, surgeries, completing forms, copying records, & supplies are added fees.

Why does my provider run behind schedule if you do not double book? Even with the best schedule, emergencies happen or appointments may take an unplanned course. The person before you may be having a chest pain, or just confided the real reason they are seeking care. The provider may be giving a difficult or life changing diagnosis. There can be calls from the hospital regarding a seriously ill patient.

You can help by correctly identifying the type of appointment you need with the receptionist. Bring up scheduled items first. And add an appointment if needed. We will try to contact you if your provider has an emergency. If your provider is more than 30 minutes behind, you may choose to wait or reschedule to a different day. We respect your time and appreciate your understanding. We are actively working to reduce schedule delays.

Why do I have to give the same information over & over? It is vital we have information to contact you with results, and to send our correct insurance claims. You may forget something changed, or we may have incorrect data. In case of error, we look at your sign-in to correct items.

How often do I need an appointment? Those over 3 years old need annual preventative exams. Medicare does not pay for wellness appointments although recommended. Children under 3 required frequent well child appointments for vaccines & growth/development screening. Well visits include full physical exams, review of past, social, and family histories. Screening and routine tests may be ordered. This examination, test results and history are then used as basis of information for your care for illnesses and problems during the next year.

With many medical conditions; your appointments will be more frequent. The frequency is determined by the number, type and severity of your current health factors. In addition to a wellness exam: well controlled Diabetics need appointments every 6 months, while those with poor control every 3 months. Highly uncontrolled Diabetics are seen more often until blood sugars improve.

Other conditions that are followed more often include: high blood pressure, high cholesterol, depression, anxiety, asthma or other pulmonary diseases, skin condition, ADD, ADHD, cancers, injury resolution, chronic pain, organ failure, heart disease and many others. These conditions can change quickly, and annual follow up is not adequate for people with health risks.

How will I receive test results? Many test results are sent in letters. Some results require an appointment. Do not be alarmed if your provider requests an appointment, but follow up at your earliest convenience. Results that are not easily explained in a paragraph, or indicate additional tests may require appointments. You may receive a phone call with results and/or additional instructions. All testing for sexually transmitted disease or the AIDS virus require appointments for results. You should receive results for all tests. You are the safety net to ensure results were correctly forwarded to your medical record. If you have not received results within 2 weeks of routine testing, or 4 days for acute illness test, please call our office. When a follow up appointment is already scheduled, the provider may choose to give results at that time.

What should I do if I have a concern about my medical care? Every physician or caregiver is human (less than perfect). No medical professional is going to give perfectly accurate diagnosis, treatments, & medications every time. Providers use their education, training, and experience, to diagnose conditions, based on what is most likely. They depend on you to give additional information and question them as needed.

Any concern will be heard and respected. We care that you are happy with your treatment, our staff, and all aspects of your care. If you do not believe that your problem was correctly addressed; bring it up immediately with your provider. If you are uncomfortable with any topic, say so right away. You may request a chaperone at any time. Instructions and information will be given again if they are not clear to you. Physicians repeat instructions many times, and may inadvertently miss an item with you. You have the right to seek an additional medical opinion. You may also contact any staff member, or forward any problem to office management. Your concern will be investigated, and you will be either involved with or informed of the resolution. Communication is the key to all good relationships and to your best health.

What should I do if I am not improving? If symptoms worsen, fail to clear, or additional symptoms occur, contact the office to assist in correctly reassessing your situation. Our most important goal is your improved health. When you are ill, in pain, or scared, it may seem like no-one cares. We do! You are the reason that we get up and go into work every day. We have 4 providers, and 20 staff members who care about you and your health. Thank you for being a part of our lives.