

# Chapel Hill Primary Care

Phone: 919-929-7990 Fax: 919-929-7991

Located off Weaver Dairy Rd at 55 Vilcom Center Dr., Suite 110  
Mon-Fri, 8:00am-5:00pm; Tuesdays until 7:00pm

## After Hours Calls, Urgent and Emergent Needs

For **Emergencies**: call 911 or go to the nearest emergency room.

For **Urgent** medical needs after regular business hours that cannot wait until the next business day: call 929-7990, press 9, and follow instructions to leave a message for the on-call physician. The on-call provider will get back to you within 1 hour. Be sure to leave your name, a number where you can be reached, the nature of the problem, your date of birth, and the name of your provider. Please respect the provider's personal time; please, do not leave messages for non-urgent matters on this line. This line is exclusively for the on-call provider. If you have not heard back within the hour please repeat the process. Do not call the after hour number for prescription refills. Call your pharmacy directly and request an emergency refill.

For urgent needs during regular office hours or needs that can wait for the next business day: call 929-7990. Most days we can schedule a same day appointment, or an appointment within 24 hours.

For non-emergency questions and messages, please outline the nature of your concern and leave a number where we can reach you. Your provider or the on-site provider will follow up within 2 business days.

## Cancellations, No Show, and Arriving Late for Scheduled Appointments

Please give us 24 hours notice if you are unable to keep your appointment. Cancellations within 24 hours of your appointment will be considered 'No Shows.' CHPC reserves the right to charge a small "no-show fee" of \$35.00 if you do not cancel but miss your appointment. A patient arriving 10 minutes after their appointment time may be considered a no show and may be asked to reschedule.

The staff and doctors make every effort to accommodate and respect our patients' needs and time. To preserve the availability of appointments and to stay on schedule for all of our patients appointment days and times, patients who have numerous same day cancellations may be dismissed from the practice.

## Lab Results

Your Lab Results will be available within 2 weeks, allowing time for processing and provider review. If your provider believes the lab results indicate prompt medical attention, you will be contacted by phone by one of the clinic staff or your provider. Otherwise, we will provide lab results electronically after they are reviewed by your provider. Please set up a VIP Quest Diagnostics and Google Health Account to receive your results. If you do not have access to the internet, results can be picked up at the front desk, at your request.

## Prescription Refills

For emergency refills, your pharmacy can usually provide a limited emergency supply. For refills of your routine medication between appointments, please contact your pharmacy to request the refill. Your pharmacy can issue an electronic refill request for approval from your provider on your behalf. If your pharmacy requests our fax number, it is 919-929-7991. Please allow 2 business days for this process to be completed for all regular medications. Your provider will require an appointment for new prescriptions, narcotics, and antibiotics.

For prescription prior authorizations, please call the number listed on your insurance card to initiate the process. Prior authorization forms can be faxed to 919-929-7991.

## Severe Weather

In case of severe weather, please call the office to confirm if we are open prior to venturing out for your appointment. If our office is open, and you cannot keep your appointment, please call to cancel.

*Thank you for choosing CHPC for your primary care needs. We believe that each patient has individual healthcare needs. Please visit [www.chapelhilldoctors.com](http://www.chapelhilldoctors.com) to learn more about our providers and services.*

## Referrals

Referrals to specialists are no longer required by most insurance policies; however, we encourage you to discuss your concerns with your primary care provider in an appointment before seeing a specialist. If you do need to see a specialist, your provider will be able to recommend specialists in the area and provide their phone number.

Please call to arrange your own appointments with the specialists whenever possible. We will arrange referrals when required by the specialist or when needed to communicate medical information to specialists. We also have a list of specialists we refer to at the front desk.

## Medical Records

CHPC respects your right to privacy, and our practice meets all HIPPA requirements. Your care and medical records are strictly confidential and will only be released upon your signature on an authorized medical release form. Release of medical records pertaining to a minor child requires a signature of a parent or legal guardian on an authorized medical release form. Please allow 7-10 days for processing. There is a small fee for reproduction of records beyond the first 5 pages.

## Form Completion (School, camp, and work forms)

If you have had a routine well-visit within the last 12 months, we are happy to complete your work and school physical forms. Please drop off, mail or fax them to us at 919-929-7991, and indicate how you would like us to return them to you. In some cases, we may review the form and ask you to come in for additional, non-routine testing that the form requires. Please **allow 3 business days** for the forms to be completed. Some types of forms may incur a processing fee.

## Insurance and Fees

Chapel Hill Primary Care is in network with Blue Cross Blue Shield, Duke Select and Basic, and Medicare. Please provide your current insurance information when you schedule your appointment **and** bring proof of insurance to each visit. We will submit bills directly to your insurance company, in or out of network. Regardless of the type of insurance coverage, patients are ultimately responsible for payment of their medical bills at the time of service. Please see the Payment Policy for more detailed information.

## Patient Rights

- You have the right to safe, high quality medical care, without discrimination, that is compassionate and respects personal dignity, values and beliefs.
- You have the right to participate and make decisions about your care and pain management, including refusing care to the extent permitted by law. Your care provider (doctor, nurse, etc.) will explain the medical consequences of refusing recommended treatment.
- You have the right to have your illness, treatment, pain, alternatives and outcomes be explained in a manner you can understand. You have the right to interpretation services if needed.
- You have the right to know the name and role of your care providers (doctor, nurse, etc.).
- You have the right to request that a family member, friend and/or physician be notified that you are under the care of this facility.
- You have the right to be informed about transfers to another facility or organization and be provided complete explanation including alternatives to a transfer. You will receive information about continuing your health care at the end of your visit.
- You have the right to know the policies that affect your care and treatment.
- You have the right to private and confidential treatments, communications and medical records permitted by law.
- You have the right to access your medical records in a reasonable timeframe, to the extent permitted by law.

- You have the right to be informed of charges for services and receive financial counseling on the availability of financial arrangements for health care.
- You and your family have the right to have your complaints, concerns and grievances addressed. Sharing your concerns and complaints will not compromise your access to care, treatment and services.

## Patient Responsibilities

- You are responsible for providing information as possible about your health, medical history, and insurance benefits.
- You are responsible for asking the care provider when you do not understand instructions about your plan of care.
- You are responsible for following your plan of care. If you are unable/unwilling to follow the plan of care, you are responsible for telling your care provider. Your care provider will explain the medical consequences of not following the recommended treatment.
- You are responsible for the outcomes of not following your plan of care.
- You are responsible for following the facility's rules and regulations.
- You are responsible for acting in a manner that is respectful of other patients, staff and facility property.
- You are responsible for meeting your financial obligation to the facility.

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