



Guiding you to good health.

Call or text (443) 972-4204

Fax (833) -471-6001

Email us at team@sailwindsmedical.com

www.SailwindsMedical.com

Patient Handbook: Sailwinds Medical Group

Patient Name: [_____]

Patient DOB: [____-____-____]

Patient Email: [_____]

Patient Phone Number: [____-____-____]

Welcome to Sailwinds Medical Group! We are committed to providing comprehensive medical care to our patients. This handbook is designed to inform you about our practice policies, services, and procedures. Please read it carefully and feel free to ask our staff any questions.

1. Our Services:

At Sailwinds Medical Group, our diverse clinical backgrounds allow us to offer a wide range of services beyond traditional primary care. Some of the services we provide include:

- Laceration repair
- Incision and drainage of abscesses
- Advanced wound care
- DOT physicals
- Medical cannabis evaluations
- Women's health exams
- Skincare and skin cancer screenings with biopsy
- Mental health counseling and prescribing services
- Walk-in sick visits



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- Point of care Lyme testing
- Case management
- Others and more to come!

2. Payment Policy:

Providing valid insurance and/or payment information is required before scheduling an appointment. Signing the appropriate documents such as HIPAA, Release of Billing Information, and Assignment of Benefits allows us to bill your insurance company. If these documents are not signed, you may receive the full bill for your visit. You can sign these documents in the patient portal. Access it on a desktop or in desktop mode on your mobile device. TM

If you have a remaining balance it should be paid prior to your next visit. Sailwinds Medical Group retains the right to expect payment for services in full prior to providing further services but may offer a one-time courtesy of providing care with 10% of the balance being paid. Please follow up with our billing team whose contact information will be on your statement for payment plan options.

3. Refill Requests:

To ensure timely processing of refill requests, please submit them a minimum of 3 days in advance. Requests sent via our patient portal or your pharmacy will receive priority.



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This allows us to review your medical records and provide accurate and safe medication refills.

4. Controlled Substances:

Patients who are chronically prescribed controlled substances must have an appointment (virtual or in-person) at least every 3-6 months. Schedule 2 medications may require more frequent visits. These appointments are necessary to monitor your health, ensure proper medication management, and comply with regulatory guidelines.

5. Provider Assignments:

We make every effort to schedule you with your preferred provider. However, if immediate care is required, we may schedule you with another available provider to ensure timely attention to your healthcare needs.

6. Physical Examinations:

Your overall health needs to receive a physical examination at least once a year or more frequently based on your clinical condition. Physical examinations are necessary to renew prescriptions, issue orders, and address emerging health concerns.



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7. Patient Portal Communication:

For non-urgent communication, we encourage you to use our patient portal. Familiarize yourself with its features to securely message our staff, access your medical records, review test results, and manage appointments.

8. Billing for Portal Messages:

Certain portal messages submitted by patients may be billed to your insurance. Most messages, such as refill requests, will not incur charges. However, suppose a message requires extensive review, clinical judgment, addresses a new problem or concern, or results in new orders. In that case, the clinician may bill insurance for medical advice messaging beyond routine communication. These charges are generally about \$20. TM

9. Online Medical Advice Messaging:

With virtual healthcare becoming more prevalent, some insurance companies now recognize online medical advice messaging as a covered service. This change allows our clinicians to adequately review and respond to your concerns through an in-person or video visit. We have carefully reviewed this model and adapted it to enhance the quality of care we provide.

10. Forms and Paperwork:

To ensure medical accuracy and respect our providers' time, all forms and paperwork that need to be filled out must be completed during an appointment. If you require



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medical letters or specific documentation, please discuss them with your provider.

Please bring any necessary supporting documents, such as vaccines or previous medical records, to ensure continuity of care. Forms such as jury duty letters, FMLA paperwork, handicap forms, and other forms that are completed outside of routine medical care do incur a charge of \$25 that may not be covered by your insurance.

11. Prior Authorization Process:

Insurance companies may require prior authorizations for specific medications, services, or tests. Our staff will make every effort to complete these authorizations promptly. However, due to burdensome requirements imposed by payers, the process may take up to two weeks and require case management time to gather the complete information needed by the insurance company. This may require case management time that will be billed to your insurance in order to fund staff time spent handling these cases. If your insurance declines coverage for a prescribed medication, service, or test, we encourage you to contact them directly for further assistance.

12. Jury Duty Excuse Policy:

We acknowledge the importance of fulfilling civic responsibilities, such as jury duty. While we do not routinely provide jury duty excuses, we understand that certain medical conditions may hinder your ability to serve. To request consideration for a jury duty excuse based on a significant medical condition, please provide relevant medical documentation outlining the impact on your ability to serve and any recommendations from your healthcare provider. We will assess your situation individually and



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communicate our decision promptly. Please note that approval is not guaranteed, but we will support your case with appropriate documentation if deemed appropriate.

13. Respect for Team Members and Consequences of Inappropriate Behavior:

At Sailwinds Medical Group, we strive to create a safe and respectful environment for our team members and patients. We expect everyone visiting our premises to treat our staff courteously, kindly, and with respect. Verbal aggression, disrespect, or poor behavior will not be tolerated.

Suppose a patient engages in any behavior that compromises the well-being or safety of our team members. In that case, it may result in immediate removal from the premises, discharge from the practice, and potential legal consequences. We take the well-being of our team seriously and are committed to protecting their rights and ensuring a harmonious work environment.

Maintaining a positive and respectful atmosphere is essential for effective healthcare delivery. We kindly request all patients to communicate any concerns or grievances constructively. Our team is here to listen, address your needs, and provide the best care possible.

14. No-shows, cancellations, and late policy.

At Sailwinds Medical Group, our goal is to provide top-notch care to as many as possible. For this reason, we find it important to enforce a policy that protects appointment times for patients



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who will present for care. When someone makes an appointment and does not show up, cancels within 8 hours, or is late to their appointment, it has a direct impact on the time we can spend with others who need care as well. We understand that life happens and we too forget appointments or get caught up in traffic. To find a good balance, we have developed this policy:

- Canceling an appointment within 8 hours is considered a “no-show”.
- Two (2) or more “no-shows” within a 6 month period may qualify you for discharge from the practice.
- Arriving 10 minutes beyond your scheduled appointment time will be considered a “no show” as well.
- No show visits may be charged a \$50 fee.

We recommend that all patients show up 20 minutes prior to their appointment time to help keep the schedule moving in a timely manner. We understand that providers often run behind, but it is generally because of delays such as emergent cases, patients showing up late, or having to address things during an appointment that were not properly prepared such as forms. To ensure fairness to your schedule, if you show up to your appointment on time, but the provider is too late for your schedule, you may reschedule your appointment without penalty.

15. Access to information.

By seeking care at our facility, you acknowledge and provide implicit consent for our healthcare providers to access relevant health information necessary for your treatment. This includes but is not limited to accessing pharmacy records, state databases, and other pertinent databases to ensure the highest quality of care and treatment tailored to your specific needs. We prioritize your privacy and confidentiality, and all accessed information will be handled in strict accordance with applicable laws and regulations. If you have any concerns or questions about this process, please do not hesitate to discuss them with your healthcare provider. Your well-being and comfort are of utmost importance to us, and we are committed to providing you with the best possible care.



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16. Assignment of Benefits

I, the undersigned patient or legal guardian thereof, hereby assign and authorize the payment of medical benefits to Sailwinds Medical Group for services rendered to me or my dependent(s). I understand and agree to the following terms and conditions:

I hereby assign all medical and/or surgical benefits, including major medical benefits to which I am entitled, including Medicare, private insurance, or any other third-party payer, to Sailwinds Medical Group.

I understand that I am financially responsible for all charges incurred for medical services provided by Sailwinds Medical Group. This includes any charges not covered by my insurance plan(s), co-payments, deductibles, and any charges deemed non-covered by the insurance plan(s).

I authorize Sailwinds Medical Group to release any medical information necessary to process claims and to communicate with my insurance company on my behalf. TM

I understand that I am responsible for keeping Sailwinds Medical Group informed of any changes in my insurance coverage, address, phone number, or other relevant information.

I acknowledge that Sailwinds Medical Group may bill my insurance company directly, but any balance not paid by my insurance company becomes my responsibility.

I agree to pay any outstanding balances within 30 days of receiving a statement from Sailwinds Medical Group, or as otherwise agreed upon in writing.

I understand that Sailwinds Medical Group will make a reasonable effort to verify my insurance coverage but cannot guarantee the accuracy of the information provided by my insurance company.



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17. HIPAA Policy and Release of Information Authorization

I, {{PATIENTFIRSTNAME}} {{PATIENTLASTNAME}} hereby authorize {{DEPARTMENTBILLINGNAME}} and its affiliates, its employees and agents, to use and disclose protected health information (e.g., information relating to the diagnosis, treatment, claims payment, and health care services provided or to be provided to me and which identifies my name, address, social security number, Member ID number) for the purpose of helping me to resolve claims and health benefit coverage issues.

I understand that any personal health information or other information released to the person or organization identified above may be subject to re-disclosure by such person/organization and may no longer be protected by applicable federal and state privacy laws.

I understand that I have a right to revoke this authorization by providing written notice to. However, this authorization may not be revoked if its employees or agents have taken action on this authorization prior to receiving my written notice. I also understand that I have a right to have a copy of this authorization.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my eligibility for benefits or enrollment or payment for or coverage of services.

I have been advised of this practice's Privacy Practices, Release of Billing Information policy, Assignment of Benefits policy, and grant the practice Medication History Authority.



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18. Ancillary Services

Dear valued Sailwinds Medical Group patient, we are committed to delivering comprehensive and exceptional care to enhance your well-being. As part of our commitment, we offer ancillary services such as case management, chronic care management, nurse visits, and other valuable services, which are billed to your insurance for your convenience. These services contribute significantly to your overall healthcare experience. To sustain the continued provision of these essential services, they must be appropriately billed. If you have any questions or concerns regarding the billing for these services, please do not hesitate to reach out to our dedicated billing office. The contact information can be found on your statement. We appreciate your trust in Sailwinds Medical Group and are here to ensure your journey to optimal health is seamless and well-supported.

19. Case Management

Utilizing Clinical Staff for Prior Authorization at Sailwinds Medical

At Sailwinds Medical, we understand that navigating prior authorization requirements for treatments and medications can be burdensome and time-consuming. To help ease this process, we employ highly skilled medical assistants (MAs) and registered nurses (RNs) who are dedicated to assisting you in obtaining the necessary authorizations from your insurance company.

How Our Clinical Staff Can Help:

1. **Prior Authorization Assistance:** Our MAs and RNs are experienced in managing the prior authorization process, ensuring that all required documentation and information are accurately submitted to your insurance provider.
2. **Streamlined Process:** By utilizing our clinical staff, we can expedite the approval process, helping you receive the medically necessary treatments and medications your healthcare provider has prescribed.



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3. Insurance Billing: The time and expertise our staff dedicates to managing prior authorizations may be billed to your insurance. This ensures that our clinical team can continue to provide high-quality assistance without adding financial burden to your healthcare costs.

By leveraging the expertise of our clinical staff, we aim to minimize the delays and frustrations often associated with prior authorizations, helping you access the care you need more efficiently. Please do not hesitate to contact our office if you have any questions or require

20. Texting

Our texting service, designed with strict adherence to HIPAA compliance, guarantees the secure transmission of sensitive healthcare information. Users will be required to provide explicit consent for texting upon initial use, assuring a transparent and privacy-centric approach. Additionally, individuals retain the flexibility to opt out at any time, emphasizing our commitment to respecting user preferences while maintaining the highest standards of data security in healthcare communication.

By receiving care at Sailwinds Medical Group and its subsidiaries, you imply consent to treatment for internal medicine, psychiatric care, or other services herein considered implied consent upon scheduling and presenting to future appointments. Please know that we are a multi-specialty practice and often refer within the practice, but you have the right to discuss or request outside services at any time.



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21. Controlled Medication Compliance

I understand that if I am prescribed controlled substances as part of my care, it is my responsibility to take them only as directed and to be honest and forthcoming with my healthcare provider about all medications and substances I am using. I agree to follow all safety guidelines, including those related to the operation of vehicles or heavy machinery, as indicated by my provider and on the medication labels. I acknowledge that obtaining controlled substances from multiple providers without disclosure ("doctor shopping") is illegal and may result in immediate dismissal from the practice and potential reporting to legal authorities. I agree to comply with all monitoring requirements, including regular follow-up visits every 3 to 4 months and at least one in-person appointment each year, as part of safe and responsible care.

22. Use of Scribes in Your Care

At Sailwinds Medical Group, we are committed to providing the best possible care while ensuring accuracy and efficiency during your visit. To help your healthcare provider focus more on you, we may use trained scribes to assist in documenting your care.

Scribes may be in-person or powered by artificial intelligence (AI), depending on the needs of your visit. Both options help reduce administrative burden on your provider and improve the overall quality of your visit.

Your Right to Opt Out

We respect your right to privacy and want you to feel comfortable throughout your care experience. You have the right to opt out of having a scribe involved in your care at any



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time. Simply notify your provider or a member of our staff if you prefer not to have a scribe during your visit.

Our Commitment to Privacy and HIPAA Compliance

All of our scribes, whether in-person or AI, are thoroughly evaluated to ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA). Your health information is always protected, and we are committed to safeguarding your privacy throughout every stage of your care.

We value your trust and aim to provide care that respects your preferences while ensuring the highest standards of documentation and accuracy.

Thank you for choosing Sailwinds Medical Group as your healthcare provider. We are dedicated to providing excellent medical care and ensuring your well-being. If you have any questions or concerns, please do not hesitate to contact our staff.

MEDICAL GROUP

Patient Name: [_____]

Patient DOB: [_____-_____-_____-]

Patient Phone Number: [_____-_____-_____-]

Patient Email: [_____]

Signature: [_____]