KELLER FAMILY MEDICAL CENTER AND BURLESON HEALTH AND WELLNESS
Practice Policies
Please retain this for your records

Welcome!

We appreciate this opportunity to serve you. This handout contains information about our practice and is provided to answer most of the questions you might have about us.

Appointments
Patients are seen by appointment. When scheduling an appointment, please give the receptionist as much information as possible to ensure you are scheduled in an appropriate appointment time. If you arrive after your scheduled appointment time, you may be asked to reschedule depending on the provider's schedule for that day.

Cancelation Policy
A twenty-four (24) hour notice must be provided when canceling your scheduled appointment. If a twenty-four hour notice is not received, you will be charged a $45.00 fee. This charge will be your responsibility.

Phone Calls
Our main office number, 817-431-2573, is answered 24/7, after hour calls are forwarded to our answering service. In a life-threatening situation call 911.

Phone calls answered by the office are returned after morning and afternoon patients in the office have been seen. Calls received after 4:00 will be returned the next business day.

Medication Refills
When you need a refill, please contact your local or mail order pharmacy. They will fax our office a refill request. Please allow 48 hours to process refill requests. Requests are not processed after office hours, weekends or holidays.

A refill request will be denied if you missed a scheduled appointment, are not current on any laboratory tests required for the medication, or have not had your annual physical exam. If you are stable on your medications the schedule below is followed:

- Diabetic medications require labs drawn every 4 months and exam with provider
- Cholesterol medications require labs drawn every 6 months and exam with provider
- Thyroid medications require labs drawn every year at annual physical exam
- Hypertension medications require an exam every 6 months with provider
- An annual physical is required on every patient with a medical condition that is treated in our office

Patient Portal
We invite you to register for our patient portal. The portal which allows electronic access to your personal health record and electronic communication with our office.

Referrals
Many insurance plans or specialist office require a referral from your primary care office. Please allow 5-7 business days for our office to process a referral. Our referral specialist will contact you when the referral has been completed so that you can then contact the specialist office for an appointment.

AI Scribe
KFMC/BHW use generative AI transcription technology to generate your medical note. Natural language processing allows the transcription software to analyze and dictate human conversations as they occur, similar to a physician's scribe. If a patient opts in to this feature, the technology can be used during or after the patient's visit when a doctor prepares after-visit summaries. AI scribes are not used to diagnosis diseases or offer treatment options. AI

scribes operate the same as a human scribe, documenting information discussed during the visit for the provider. The provider must review the transcription for quality assurance purposes before the notes are added to the patient's medical chart. The vendor is HIPAA compliant and uses two-factor authentication to prevent unauthorized access. Patients must provide consent for this feature on an annual basis.

Treatment of a Minor

A minor is any person under the age of 18 who has never been married or declared an adult by a court.

- In order for our office to treat a minor, we must have a written consent from a parent or legal guardian, including a statement as to the nature of the medical treatment to be given on a specific day.
- Minors age 15 and under MUST be accompanied by an adult who is 18 years of age and older, with a consent form from a parent or legal guardian.
- Minors age 16 or 17 must have written consent from a parent or legal guardian.

All minors must be accompanied by their parent or legal guardian in order to provide immunizations, invasive procedures, or injections.

Payment Policy

We are contracted with many insurers and health plans. We will bill those plans with which we have a contract and will collect any required co-payment, deductible or co-insurance amount at the time of service. The copayment will be collected when you arrive for your appointment. New patients establishing care will have a copayment or deductible amount due.

You are responsible for ensuring that we are providers on your insurance plan and for knowing what services you have coverage for, including but not limited to office visits, labs, procedures, physicals and immunizations. You will be responsible for paying for all services not covered by your insurance plan within thirty days of receiving a statement. Statements are sent by text and/or email.

If your insurance, address or phone number should change, please notify us immediately so that we can update your chart. Please bring your insurance card to each visit.

Past Due Accounts

Any account with a patient balance older than ninety (90) days may be given to a collection agency. Prior to your next visit the balance due and the collection agency fee of 40% of the balance must be paid. Continued nonpayment of an account may result in termination of our patient/physician relationship.

Motor Vehicle Accidents (MVA)/Third-Party Liability

Our office does not file charges related to an MVA or third-party liability injury with your insurance. Payment is due at the time of service; an itemized receipt will be provided that you can submit to your MVA insurance carrier or third party insurance payer.

Workers' Compensation/DOT Physicals

We are not a Workers' Compensation or DOT authorized provider; therefore, we cannot treat you for any work related illness or injury or perform your DOT physical. Workers' Compensation benefits could be denied if you claim your condition is not work related but it actually is.

FMLA/Disability Forms/Letters/Misc Forms

There is a $75 fee for completion of FMLA or disability. There is a $35 fee for all other forms or letters. Our office requires 7 business days to complete.

Privacy Practices

You may at any time request a copy of our privacy practices. Our privacy practices are posted on our website at KellerFamilyMedical.com, in the lobby and in each exam room.

Medical Records

All requests for medical records must be in writing. There is a HIPAA compliant records release form on our website. Requests require ten (10) days to process.

There is no charge to send one copy of your medical records to another physician office.

Records sent directly to you will be charged at $25.00 for the first twenty (20) pages of your medical record and an additional $0.50/page charge for each additional page.

Updated 3/11/26

KELLER FAMILY MEDICAL CENTER

BURLESON HEALTH AND WELLNESS

Patient Consent for Use and Disclosure of Protected Health Information

At Keller Family Medical Center and Burleson Health and Wellness, your privacy is a top priority. We use your protected health information (PHI) only as needed to provide medical treatment, manage payment and billing, and carry out essential health care operations. These uses are described in detail in our Notice of Privacy Practices, which you may review at any time.

Your Right to Know

You have the right to review our Notice of Privacy Practices before receiving care. This document explains how we handle your information and outlines your privacy rights under federal law.

We may occasionally update the Notice to reflect changes in regulations or practice operations. The most current version is always available upon request from our Privacy Officer at 808 Keller Parkway, Keller, Texas 76248.

Communication and Confidentiality

We may contact you for appointment reminders, test results, or billing updates. These communications will always be handled discreetly. If a message is left, it will be marked “Personal and Confidential.” If you prefer not to receive calls or messages, or wish to limit how we contact you, please let our staff know so we can note your preferences.

Requesting Restrictions

You may request limitations on how your information is used or shared. While we are not required to agree to every request, we will honor any agreed-upon restriction once in place.

Changing Your Mind

You may revoke your consent for us to use or disclose your information at any time by providing a written request. However, any disclosures made prior to your written revocation will remain valid.

Our Commitment

We are committed to protecting your personal information and ensuring that your medical records are used responsibly and securely to support your care.