



PATIENT INFORMATION & PRACTICE GUIDELINES

Our Mission

Family First Wellness Center was conceived from a deep-seated aspiration to make a lasting impact on the lives of families in Detroit and its surrounding areas. In a healthcare landscape that has shifted towards a more generalized corporate approach, we are committed to providing a distinctive experience by delivering high-quality, patient-centered, and culturally sensitive health services. As a private practice, our goal is to cultivate a sense of ownership and meaningful connection for each patient.

Beyond medical treatment, our focus extends to lifestyle improvement and holistic care, emphasizing the well-being of the entire individual. We harness our partnerships with academic institutions, medical specialists, and social and community resources to help meet the whole needs of the whole person.

Office Services

Appointment Scheduling

At the end of your visit, your physician will recommend a follow-up appointment. Appointments can be scheduled at our front desk, where you will receive an appointment card. Additionally, we will provide a courtesy reminder the day before your scheduled visit. If you need to reschedule, please notify our office as early as possible to accommodate your needs.

No Show Policy

We strive to ensure that penalties never become a barrier to accessing care. At the same time, out of respect for our staff's time and for other patients who need appointments, repeated missed appointments will result in one of the following: a \$50 no-show fee, or limited scheduling options, including work-in-only care, which may involve longer wait times.

Urgent Appointments

We understand the importance of timely access to your doctor when urgent concerns arise. To ensure prompt care, we reserve appointment slots for urgent visits (as defined by your doctor). If you require an urgent appointment, please contact our front desk and provide the reason for your visit. We will make every effort to schedule you within 48 hours. Please note that all urgent appointments must be confirmed before arrival.

Wait Time

We recognize that wait times can be a concern for patients. Our practice serves a diverse group of individuals, including elderly patients, those with complex medical needs, and patients using public or medical transportation, which may affect appointment flow. Dr. Williams is committed to providing thorough, individualized care.

As a general guideline, you should expect to spend **approximately one hour** in our office for a scheduled appointment. For example, if your appointment is at 11:00 a.m., you will typically complete your visit around 12:00 p.m. New patients or those requiring additional testing or lab work should allot for extra time.

Payment Policy

Patients are responsible for understanding their insurance coverage and providing accurate insurance information at the time of their visit. If your insurance requires you to designate a Primary Care Provider (PCP), please ensure that **Dr. Ralph E. Williams II (NPI: 1396942454)** or **Family First Wellness Center (NPI: 148736224)** is documented with your insurance company **before your appointment.**

All copays, deductibles, and coinsurance amounts are due at the time of service. Patients with high-deductible insurance plans are required to pay an upfront fee of \$50. After insurance has processed the claim, patients are responsible for any remaining balances. **If you are uninsured or experiencing financial hardship, please speak with our office manager to discuss available options.** Our goal is to ensure that all patients receive the medical care they need.

Prescription Refill Policy

To ensure timely refills, we recommend bringing a list of medications requiring renewal to each office visit. When appropriate, prescription refill requests may also be accommodated by phone.

For routine refills, please contact our office **at least one week before** you need your medication. When calling, have the following information ready:

- Medication name and dosage
- Pharmacy name and phone number

Prescription refill requests are typically processed within **72 hours**. If any issues arise, we will contact you within that timeframe.

For patient safety and appropriate medical management, patients must be actively established with the practice to receive prescription refills. Patients who have not been seen by their physician within the past six (6) months and do not have a follow-up appointment scheduled may be required to be seen before additional refills are authorized. Refill requests are reviewed at the physician's discretion and are based on medical necessity.

If you have an urgent situation involving critical or life-sustaining medication, please notify our staff so we may assist you accordingly.

Communication

Our team communicates with patients via phone, patient portal, email, and text to provide timely updates, appointment reminders, and important health information. We use **eClinicalWorks** as our electronic health record (EHR) system, which integrates with the **Healow platform** for patient communications. If you provide your email address, you will receive an invitation to set up your **Healow account.**

If you experience any issues accessing the system or prefer to opt out of specific communication methods, please let us know.

Forms and Letters

To ensure timely processing, we have established the following policies regarding form completion and associated fees. Please note that all forms and letters require an **“in person”** visit and are completed at that time. On the rare occasion that an in-person visit is not required, please allow 7-10 days to process. Payment for forms/letters is due at the time of request.

Fee Schedule:

- FMLA: \$35 (1-3 pages)
- Short term Disability: \$35 (1-2 pages)
- Disability Packet: \$50 (2 or more pages)
- Letters: \$25 per paragraph
- Sports Physicals/ Basic Employment Physicals: \$25

Insurance Authorization Policy:

Certain procedures, specialist visits, and tests require prior authorization from your insurance provider. Our office will submit the necessary documentation on your behalf; however, approval times vary based on your insurance plan. **Please allow up to 10 business days for authorization processing.**

Referral Service Policy:

Our office is committed to coordinating referrals for specialist care and medical procedures as needed. Please allow **7-10 business days** for referral processing. When requesting a referral, ensure you provide all necessary details, including the specialist's name, NPI number, reason for referral, and any supporting medical records. Some referrals may require prior authorization from your insurance provider, which can add additional processing time. **It is the patient's responsibility to verify insurance requirements.** If you have any questions regarding the status of your referral, please contact our office.

Prior Authorization for medications:

A **prior authorization (PA)** for medications is a requirement by insurance companies that mandates healthcare providers to obtain approval before a specific prescription drug is covered. This means that the initial prescription has been denied by your insurance company. The process involves submitting documentation—such as medical history, treatment rationale, and supporting evidence—to the insurance provider.

Important Notes:

- Due to the overwhelming administrative burden, our office prioritizes prior authorization requests for life-saving or essential medications.
- Processing times vary by insurance company and type of medication and may take several days to weeks.
- Glp-1 (Ozempic, Wegovy, Zepbound, etc.) prior authorizations will require an in-person prior authorization specific visit.
- Prior authorization does not guarantee that the medication will be covered.

Pain Management/Disability/Accidents

Family First Wellness Center is dedicated to collaborating with you to manage pain conditions in accordance with best practice standards. However, we are not a pain clinic and will assess pain-related concerns and medication requests on an individual basis which may include a comprehensive diagnostic work up, specialist referrals, Pain contract and drug screening.

After-Hours Services

If you need assistance outside of normal business hours, our office provides a messaging service. For urgent or emergent concerns that cannot wait until the next business day, an on-call physician is available 24/7. To reach the on-call physician, please call our office line and follow the instructions to be directed accordingly.

Hospital Admissions

If you are admitted to the hospital, please inform them that your primary care physician is Dr. Ralph Williams II.

- Dr. Williams conducts hospital rounds exclusively at **Henry Ford Providence Southfield Hospital**.
- Dr. Williams has **admitting privileges** at **DMC** hospitals.
- Dr. Williams has affiliate privileges at **Beaumont/ Corewell** hospitals.

If you are ever admitted to the hospital. Please plan to have a follow-up visit within 5-10 days in office.

Medical Trainees:

Dr. Williams is an esteemed medical educator. Here at Family First Wellness Center we frequently host medical students. If at any time, you DO NOT wish to be seen by a student, don't hesitate to let us know.

Thank you for reviewing our *Patient Information & Practice Guidelines*. These guidelines are in place to support efficient operations and consistent, high-quality care for all patients. We appreciate your cooperation and encourage you to speak with our staff if you have any questions or need clarification. We look forward to serving you.

PATIENT EXPECTATIONS & POLICY ACKNOWLEDGEMENT

Please review and sign below to acknowledge receipt and understanding of our patient policies and expectations.

Patient Name: _____

Date of Birth: _____

I acknowledge receipt of the Family First Wellness Center (FFWC) Patient Expectations and Policy Packet. I have reviewed the information provided and understand that these policies are intended to support safe, respectful, and efficient care for all patients.

I understand that I am responsible for complying with these policies and for asking questions if clarification is needed. I acknowledge that this signed acknowledgement will be maintained in my medical record.

I understand that the practice reserves the right to update or modify its policies at its discretion. Updated policies will be made available upon request or through posted notices in the office or patient portal.

Patient / Legal Guardian Signature

Date