



Compass Urgent Care Important Provider Information

The administration at Compass Urgent Care has created helpful information, reminders, and tips for patient care providers.

Medicare Patients

If a MD is available, Medicare patients are only seen by a MD. Under certain circumstances, there may not be a MD available and the patient may be seen by a mid-level provider.

Medicare does not cover Tdap immunizations. If a patient needs a Tdap, explain to the patient that their insurance will not pay for the immunization. The patient has the option to pay for the vaccine at the self-pay price for the Tdap, or they may receive the injection at a different location.

LabCorp v Quest

LabCorp

Pick-up for insured patients is Monday through Friday around 5 p.m. The LabCorp pick-up service is not available on weekends. After 5 p.m. on Friday and through the weekend, the lab specimens will be picked up on Monday.

Self-pay patients can reduce their lab bill (50%) by taking their labs directly to LabCorp instead of having them picked up by courier.

Quest

Quest lab services are required for some BCBS plans.

Available vaccines

The following vaccines are available:

Vaccines

- Td
- Tdap
- Meningococcal
- Influenza (when in season)

Quick visits

Quick visits are patient visits that do not require a full or “open” chart. Any associated forms or paperwork will be added to the closed chart under the demographics area.

B12’s, Lipo B12’s, Tdap, Td, TB tests, and Flu vaccines

The patient is taken into a room and the injection is given without physician supervision.

TB test results (TB re-check)

The patient is taken into a room and a physician or medically licensed staff will read the test results and sign the results form.

Sports physicals

The patient is triaged and the exam is completed by a MD only.

QA

The QA staff is responsible for scheduling appointments and completing virtual encounters (VE’s). They are located in an office space at the COPRO location and use z-charting for communicating results for outpatient studies.

Self-pay patients

Patients have the option to be seen at a self-pay rate. The self-pay rate is \$145 for the initial visit and \$35 for a recheck that occurs within 3 days. After three days, the rate is \$145 (no exceptions).

The self-pay rate covers everything in a patient's visit. It does not include the cost of orthopedic supplies or medications prescribed by the physician.

The cost of orthopedic supplies for self-pay patients are:

Orthopedic supply prices for self-pay patients	
Ace bandage	NO CHARGE
Arm sling	\$10
Ankle splint	\$30
Cervical collar	\$10
Clavicle splint	\$15
Crutches (all sizes)	\$25
Finger splints	NO CHARGE
Knee immobilizer	\$50
Knee sleeve	\$20
Post op shoe	\$25
Thumb spica	\$40
Walking boot	\$60
Wrist splint	\$20

Abscess / I&D

In general, practitioners are to **NEVER** open a Pilonidal cyst or cysts on the patient's back. If the condition is not an emergency, sent the patient to Providence Surgical Services.

Rechecks

Outpatient studies

The patient is triaged and placed in a room. The physician examines the patient again and determines if the study is still needed.

We suggest that the patient be asked to return to the clinic around 9 am the morning after the first visit for outpatient procedures.

I&D / Suture removals

The patient's vital signs should be documented as well as any procedures completed during the visit.

Self-pay animal bites

If the patient was seen by Compass and returns within two (2) days for more sutures, there will be a \$35 re-check fee.

Caution

DO NOT reduce nursemaid's elbow in triage.

DO NOT triage patients in the lobby. Bring them back to a room.

DO NOT give phenergan through an IV.

Special Considerations

If a patient's family wants Tamiflu, the family member(s) must be seen as a patient.

Bronchitis and sinusitis should not be a primary diagnosis. Use the patient's symptoms.

Do not use ICD 10 code: H53.8 (blurred vision/other visual disturbances). Use H54.7 (unspecified visual loss) instead.

"No charge" patients can only be approved by administration. The patient should be told that administration will review the visit and make a decision within ten (10) days.