Emily Sheveland, D.O., PLLC
Board Certified – Family Medicine

2026 Policies and Procedures

Thank you for choosing the office of Dr. Emily Sheveland. We take your healthcare seriously, and look forward to working with you to improve or maintain your good health. Dr. Sheveland is a board-certified family physician

Her services include: pediatrics starting at age 2 along with adolescents and adults, annual exams, chronic discase management, acute illnesses, minor surgical procedures.

The following is a list of policies and procedures for our office. We hope that by reviewing these you will have a better understanding of how best we can serve you as your healthcare provider.

Office Hours

Normal office hours are 8 am to 12:00 pm and 1:00 pm to 4:00 pm Monday - Friday. Dr. Sheveland and staff are out of the office on Wednesday afternoons. Office visits are scheduled by appointment only. If you have an urgent need, we will do our best to address it that day. We do not accept walk-in appointments but will be pleased to see you the same day for an acute need in most circumstances.

Messages

Messages left for the office should be made through the patient portal and will be returned within 24-48 hours. If you have not heard from the office in 48 hours, please contact the office by phone. Should you require a prompter response, please indicate this to the receptionist. If you have not then heard from the office within 4 hours, please return the call.

Patient Portal

Dr. Sheveland has an online Patient Portal. (https://familydocs.mymedaccess.com). When you log on to this secure website you can request medication refills, access immunization records, receive appointment reminders, and correspond with the office regarding non-urgent matters and access medication list. The Portal should never be used for communication regarding urgent matters or emergencies. Please contact the office directly at (972) 548-1717 if you have such a matter that needs immediate attention.

Appointments

If for any reason you cannot keep your appointment with our office, you must call more than 24 hours before your appointment to cancel, or there will be a $50.00 cancellation/ missed appointment fee billed to your account. This will include Annual Physical Appointments. This must be paid before your next appointment. After a third missed appointment, a patient is dismissed from our practice. Dr. Sheveland does her best to keep appointments on schedule. Out of respect for our patients who have arrived on time for their appointment, you may be asked to reschedule your appointment if you arrive later than your appointment time. We will make every effort to honor your appointment as a "work in" appointment as the schedule allows. New patients should arrive 15 minutes prior to their scheduled appointment time and established patients should arrive 5 minutes before their scheduled time.

Prescription Refills and Lab Requests

All prescription refills and lab requests require 24-hour advanced notice and should be requested through the patient portal. (https://familydocs.mymedaccess.com)

Please note that our office uses CPL (Clinical Pathological Labs) for lab tests. It is your responsibility to inform us if your insurance company requires a different lab. Your lab slip should suffice for any lab that your insurance requires. If not, please notify us and we will assist in anyway we can. You will be contacted regarding ***ALL*** test results. ***NEVER ASSUME NO NEWS IS GOOD NEWS***. If you have not heard from our office within one week of your test, call our office. If you still have unanswered questions, you should schedule an appointment to discuss the results with Dr. Sheveland.

Prior Authorizations

Certain testing procedures and/or medications require prior authorization by insurance companies. Please contact your insurance company to find out what is required and if any forms need to be completed by our office. You are responsible for ensuring that the authorization has occurred prior to your test and for any medications needing a prior authorization. Due to the amount of time required to obtain prior authorization, an additional fee of $25 may be charged for this additional time involved in processing each authorization by our office. It can take up to 2 weeks to get a response from your insurance company. Please follow up with your insurance company as needed.

Referrals

Certain insurance companies require referrals from Dr. Sheveland in order for you to see a specialist. In most cases, this will require an office visit to see Dr. Sheveland so that she may ascertain the nature of the problem and communicate it to the specialist. If you feel you need to see a specialist, please schedule an appointment with Dr. Sheveland to discuss your condition. If you have an ongoing relationship with a specialist and require a referral, please allow one week prior to your appointment for our office to complete the referral. We advise that you contact the office of the specialist at least 24 hours prior to your appointment to ensure that they have received the appropriate referral. It is your responsibility to verify that the specialist is a participant with your insurance plan, and he/she has received your referral.

Radiological Procedures (CT Scans, MRI, Sonograms, etc.)

We do our best to schedule radiographic procedures at a participating location. However, it is your responsibility to ensure that your insurance is aware of the procedure and has approved it prior to your procedure/test.

Call Coverage/Emergency Care

Dr. Sheveland does not utilize nurse practitioners or PA's. Should there be a time when she is unavailable due to scheduling, vacation, or absence, every attempt will be made for you to see Dr. Brinkman, Dr. DeShazo or Dr. Zalar.

Dr. Brinkman, Dr. DeShazo and Dr. Zalar are board certified family physicians. They are solo practitioners as well and share call and office facilities with Dr. Sheveland. In Dr. Sheveland's absence they would be glad to assist you in any way possible. If you have an emergency, you may contact one of the doctors by calling the office and following the directions. It is imperative that you leave a phone number that *accepts blocked anonymous calls*. If you do not, the doctor will be unable to return your phone call. **THE ON-CALL PHYSICIAN IS AVAILABLE FOR EMERGENCIES ONLY.** Other issues, including prescriptions, refills, questions regarding chronic medical problems, and other non-emergency issues should be addressed during normal office hours. These can also be addressed through the Patient Portal.

Monthly Statements

If you have a monthly balance on your account, we will send you a monthly statement, Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued and is past due if not collected within 30 days. If your account becomes past due, we will take the necessary steps to collect this debt.

Insurance

Dr. Sheveland is a network provider for numerous insurance plans. Insurance is a contract between you and your insurance company. We will bill a participating insurance plan as a courtesy to you. You will be asked to fill out a new information profile completely every year. You must pay any co-payments or deductibles at the time of each visit unless other arrangements have been made with our office prior to the appointment. The remainder of your bill will be sent to your insurance for direct payment to our office. If by mistake your insurance company remits this payment to you, please send it to us along with any paperwork sent to you at the time. Please do not send it back to the insurance company, for this will delay the financial payment that you will be required to immediately pay our office. Should payment not be received by our office within 60 days, you will be responsible for the balance. **It is imperative that you provide up-to-date personal and insurance information with each visit.** Failure to do so can delay payment by your insurance company. Should this occur, you will be subject to a minimum $25.00 refiling fee.

Sometimes your insurance company will refuse payment of a claim to us for some of the following reasons:

- The type of medical service is not covered
- The insurance was not in effect at the time of the service
- Your insurance plan changed, and you failed to inform our office

If the insurance company denies the claim for any of the above or any other reason, the patient is responsible for immediate payment for the amount in full.

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Additional Fees & Charges

Additional charges (not covered by your insurance company) may be assessed for certain requests and procedures that occur outside the time of your office visit. These may include:

- Referrals outside of office visit
- Mail charges
- Completion of insurance or personal forms
- Missed appointments
- Re-writing of lost/stolen/expired prescriptions

Alternatively, you may schedule a separate appointment to address these needs and thus any fees would be covered with your office visit co-payment.