

OFFICE POLICIES

- ALL ACCOUNTS MUST BE KEPT CURRENT IN ORDER TO CONTINUE TO RECEIVE CARE.
- CO-PAYS AND DEDUCTIBLES ARE COLLECTED PRIOR APPOINTMENT.
- WE VALUE YOUR TIME & TRY TO MINIMIZE YOUR WAIT TIME. OUR OFFICE VISITS ARE SCHEDULE FOR 15 MINUTES. TRY TO ADDRESS YOUR CONCERNS WITHIN THAT TIME FRAME.

BRING ALL YOUR MEDICINES TO EVERY VISIT

TRAIGA SUS MEDICINAS A TODAS LAS CITAS

- OUR DESIRE IS TO PROVIDE YOU WITH OUR UNDIVIDED ATTENTION, PLEASE DO NOT ASK US TO ADDRESS HEALTH ISSUES OF YOUR FAMILY MEMBERS AT YOUR VISIT.
- PLEASE BE FAIR, COURTEOUS AND RESPECTFUL WITH OUR STAFF. WE ARE TRYING OUR BEST TO HELP YOU.
- NO REFILLS AFTER 5:00 PM OR WEEKENDS.
- REQUEST REFILLS WHEN YOU ARE NEAR THE END OF YOUR CURRENT MEDICATION SUPPLY.
- NO REFILLS IF PATIENT HAS NOT BEEN SEEN WITHIN THE LAST YEAR.
- PLEASE LEAVE CLEAR TELEPHONE MESSAGES WITH RECEPTIONIST IN ORDER TO GET A PROMPT RESPONSE. NON-EMERGENT CALLS WILL BE RETURNED WITHIN 24 HOURS.
- \$20.00 LAB DRAW FEE FOR ALL PRIVATE PAY PATIENTS. MEDICARE EXEMPT.
- TO BEST ANSWER ALL YOUR QUESTIONS WE ASK THAT YOU RETURN TO THE OFFICE TO OBTAIN YOUR LABS AND/OR OTHER RESULTS.
- WE HAVE A NO TOLERANCE POLICY FOR NARCOTIC MISUSE.

By initialing I have read and understand the above: _____ **DATE:** _____

Cancellation Policy/No Show Policy

Cancellation/ No Show Policy for Provider / Physical Therapy Appointment

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly “full” appointment book.

Office appointments (providers/**physical therapy**) which are cancelled with less than 24 hours notification (Friday for a Monday appt) may be subject to a \$35.00 cancellation fee; this fee will not be covered by your insurance company. This does not include lab appointments.

Patients who do not show up for their appointment without a call to cancel an office appointment will be considered as NO-SHOW. Patients who No-Show three (3) or more times in a 12-month period, may be dismissed from the practice thus they will be denied any future appointments. Patients may also be subject to a \$35.00 fee for office appointment.

The Cancellation and No-Show fees are the sole responsibility of the patient and must be paid in full before the patient’s next appointment.

Scheduled Appointments: We understand that delays can happen however we must try to keep the other patients and doctors on time. If a patient is 15 minutes past their scheduled time, we will have to reschedule the appointment.

Account balances: We will require that patients with self-pay/Deductibles and co-pays balances do pay their account balances to zero (0) prior to receiving further services by our practice. Patients who have questions about their bills or who would like to discuss a payment plan option may call and ask to speak to the office manager with whom she can review their account and concerns. Patients with balances over \$50 must make payment arrangements prior to future appointments being made.

Name: _____

Signature: _____

Date: _____ / _____ / _____