



Office Policies

_____ **CO-PAYS:** Co-pays must be paid prior to every office visit upon check-in.

_____ **INSURANCE CARDS:** Please bring your insurance card to every visit.

_____ **LATE TO APPOINTMENTS:** If you are more than 5 minutes late to your appointment, you may be asked to reschedule.

_____ **NO SHOW TO APPOINTMENTS:** Failure to show up for a scheduled appointment is not acceptable. Each offense will result in a \$50 fee. The second time you fail to come to an appointment you will receive a warning letter in addition to the \$50 fee. The third time you will be dismissed from the practice.

_____ **MEDICATION REFILL REQUESTS:** Please contact your pharmacy if a refill is needed and then allow 48 hours for all medication refill requests.

_____ **TELEPHONE MESSAGES:** Please allow 48 hours for a returned phone call from a telephone message unless it is an emergency.

_____ **FEES FOR FORMS:** There is a \$10 per page form fee for all forms to be filled out. FMLA is a flat \$50 fee.

_____ **TEST RESULTS:** Any time a test or procedure has been ordered for you, the results should come within 2 weeks. Any time you have not been notified of a test result within 2 weeks, please call for the results.

_____ **PATIENT RESPONSIBILITY FOR BILLING:** It is the patient's responsibility to be aware of their current insurance plans and provide that information for us to bill. It is also the patient's responsibility to know their plan and what types of coverage they have. All outstanding bills not paid by the insurance carrier will become patient responsibility.

_____ **NON-COMPLIANCE WITH PROVIDER PLAN OF TREATMENT:** We require that you comply with your provider's plan of treatment 100% of the time. If you question an ordered test or procedure, please communicate that concern to your provider at an appointment. Non-compliance with the plan of treatment including lab work and testing is grounds for immediate dismissal.

Thank you for your cooperation with these office policies.