



**ALL PATIENTS:** **Please read each section carefully and initial** *If you have any questions, do not hesitate to ask a member of our staff. This form is scanned into your medical chart once you've signed it to indicate that you've agreed to abide by the practice policies. [Request a copy if you need it for your own records]*

**A) APPOINTMENT POLICIES:****Please Initial to Accept:**

1. Our automated appointment reminders are merely a courtesy and **patients are responsible for keeping track of all appointments**. We require a minimum of 24 hours notice when cancelling or rescheduling any appointment and a \$35.00 fee will be charged for all appointments missed or not canceled within the required 24 hours notice. Please note that missing *three* appointments in **24** consecutive months without 24 hours advance notice, is grounds for dismissal from the practice.
2. **Please arrive 5-10 minutes** before your appointment time to allow enough time for check-in before you see your provider. If you are 10 or more minutes late for your appointment, we will try to accommodate you but if we're unable to do so and need to schedule a new appointment, there is a \$35 charge.
3. We set aside **40 minutes for all new patient appointments** to allow sufficient time for the provider to review all your details and establish a patient-provider relationship with you. Any new patient who misses their first appointment without the required 24 hours advance notice will not be able to make any further appointments.
4. Our comprehensive team based philosophy of care requires that all patients be seen by one of our physicians once every 3 years.
5. We **strive to minimize any wait time**; however, emergencies do occur in this setting and will take priority over a scheduled visit. In such cases, we would appreciate your patience and understanding, knowing that we would do the same for you.
6. To allow the appropriate time and care for your annual **physical exams**, please schedule a separate appointment for any acute issues you may be experiencing. The physical exam is prevention focused, not problem focused. If you have a new health problem or other illness(es) that need to be addressed during your physical, the treatment of additional diagnoses may result in additional charges.
7. The providers at our office **do not determine long term disability** for any of our patients. However, we are able to refer you to a specialist who could see you for this purpose.
8. We **do not manage Worker's Compensation** issues but will refer you to the appropriate provider.

**B) MEDICATIONS/PRESCRIPTION REFILL POLICIES:****Please Initial to Accept:**

**PLEASE NOTE:** *Just as we cannot treat an illness over the telephone, we cannot prescribe medications over the telephone.*

1. All patients need to allow **72 hours** (3 business days) for us to process prescription refills. Please plan accordingly as renewals and refills are handled Monday through Friday between 9am and 4pm. Same day refill requests will not be processed.
2. If you need to refill a non-controlled medication, please **call your pharmacy** and have them submit an electronic refill request if your renewal is due.
3. Please remember to bring your prescription bottles and details of any over-the-counter medication to your first visit, and have an updated medication list available at every subsequent appointment.
4. Strictly no refill requests or adjustments will be handled after hours or on weekends by our on-call provider. Also, our evening and Saturday hours are reserved only for medical emergency and acute illness. We do not have nurse, prescription, or billing staff available during these hours.
5. Patients need to be seen in our office for us to refill any medication: every 30 days for chronic opiates and *at least* every 6 months for other medication, or more frequently depending on medication and diagnosis as advised by the provider.
6. Any patients who need controlled medication will need to sign our medication contract and be seen in our office at least once every 90 days or more frequently if determined by your healthcare provider. DEA Regulations require frequent urine testing as well and this is in no way a judgment on the individual.
7. New Patients: **Urine drug testing** may be performed before any controlled substance medication is prescribed, and at random intervals.
8. No controlled substances will be prescribed for any patients who test positive for illicit drugs.
9. Please note: We **do not prescribe suboxone** at this medical facility.

**C) FINANCIAL & BILLING POLICIES:****Please Initial to Accept:**

The Patient Financial Payment Policy has been developed to help our patients understand their financial responsibilities related to their healthcare and to answer any questions regarding patient and insurance responsibility. If there are any questions regarding your health care benefits, you should contact your health plan with the phone number located on your insurance card.

1. **Co-payments are due at check-in.** Please plan accordingly. A \$10 service fee will be applied to all co-pays not made at the time of service.
2. Patients with **high-deductible health plans are responsible to pay in FULL at time of visit** until your deductible has been met. A \$25 service fee will be applied if no payment is made at the time of service.

