



## OFFICE POLICY NOTICE TO PATIENTS

We strive to provide you the best personalized care available. To make this possible, we adhere to a set of very important guidelines. Please read them carefully, initial all the lines and indicate your agreement by signing at the bottom.

\_\_\_\_\_ **Late Policy:** Being 15 minutes late for an appointment may require you to either reschedule or wait for an available opening. New patients should arrive 30 minutes prior to their first appointment to complete paperwork. **After 2 late visits, you will be charged \$25 for each additional late visit.**

\_\_\_\_\_ **Cancellation and No-Show Policy:** If you wish to change or cancel an appointment, we ask that you please provide 24 hour advance notice. This allows us to offer your appointment to another patient who may be waiting to see a physician. We understand, however, that emergencies can and do happen, and we will make every attempt to work with you. Please call as soon as you know you cannot make your scheduled appointment time. If you miss your appointment without notice, it will be considered a no-show. **We will charge \$25 for a no-show appointment.** Patients who repeatedly no-show may be dismissed from the practice.

\_\_\_\_\_ **Pain Medications:** Our primary care physicians are not pain management providers and therefore do not guarantee any form of pain medications and/or narcotics. If you have a chronic condition that requires long-term use of such medications, please be advised we may refer you to a pain management clinic for treatment of the chronic pain condition.

\_\_\_\_\_ **Insurance/Co-Pays:** Please bring updated insurance and co-payment to every visit. Failure to make co-payment at the time of visit could result in cancellation of the scheduled appointment. Patients are responsible for charges not covered by insurance.

\_\_\_\_\_ **Missing proper identification:** Patients without valid photo ID, proper insurance information or missing insurance information, may be asked to reschedule. Any patient who misrepresents themselves by using out-dated or someone else's identification may be dismissed from the practice.

\_\_\_\_\_ **Self-pay:** If you are a true self pay patient without insurance, a 25 percent discount will be applied to medically necessary services. Elective and cosmetic procedures receive no discount. If, for any reason, you have insurance but request an office visit be processed as a self-pay you will not be eligible for the discount.

Patient signature: \_\_\_\_\_

Date: \_\_\_\_\_