POLICIES

MISSED APPOINTMENT POLICY

You will be responsible to pay a fee of **$50** for the 1st and **$100** for the 2nd missed appointments and the appointments cancelled with less than 24 hour notice (Monday-Friday between 9 a.m. and 5 p.m.) except in case of verifiable emergency. This fee is a patient's responsibility and your insurance will not pay for it. In case of three (3) missed appointments/ cancellations, we will discontinue treatment services to you.

Initial _____

NEW INSURANCE INFORMATION, CO-PAYMENT AND DEDUCTIBLE POLICY

If your insurance carrier changes please notify us immediately. We might not get reimbursed for services **not authorized in advance by your new insurance company.** You will be financially responsible for 100% of the billed charges if your insurance is terminated and you continue to receive services from this office and fail to notify us. Co-Payment and unmet deductible payment is due before the services are rendered.

Initial _____

RETURNED CHECK POLICY

If you check is returned unpaid by the bank for insufficient funds/closed account or any other reason, you are responsible for **$35** returned check fee.

Initial _____

FILLING OUT LEGAL FORMS POLICY

If you need a simple letter or a short form filled out by the doctor, please ask the doctor to take care of it during your appointment. For more lengthy and time consuming forms there will be a fee based on time spent. Please do not wait until the last moment to take care of these forms. Give us at least 1-2 weeks to complete the paperwork. For other court related deposition, expert witness, legal reports etc. you can enquire about fees at the front desk.

Initial _____

PRESCRIPTION REFILL POLICY

You are responsible to notify the office at least one week in advance if you are running out of your medication. If you have a mail-in service you are responsible to mail the forms and prescriptions after we fill them out to avoid any confusion. Medication refills are not emergencies and must be taken care of during your appointment, under unforeseen circumstances if you run out of medications, please contact the office during regular business hours (Monday-Friday 9a.m.-5 p.m.). A medication refill outside of these parameters will be considered a concierge service and is not covered by your insurance plan; this will be billed on a prorated basis at regular hourly rate of $450. Please be advised that controlled substance prescriptions can not be mailed out and must be picked up personally. Please, remember to ask the doctor for a refill at the time of your appointment. We will be happy to refill your prescription provided you have a scheduled follow-up appointment. If you do not, prescriptions can not be refilled after your first no show.

Initial _____

PATIENT BALANCE DUE PAYMENT POLICY

Balances not paid within 30 days are considered "PAST DUE". Balances not paid within 90 days will be forwarded to collection agency or pursued through small claims court. Please note, you are required to pay for all the services rendered that are not covered by your insurance.

Initial _____

PATIENT **GUARDIAN/REPRESENTATIVE**

Printed Name _____ Printed Name _____

Signatures _____ Signatures _____

Date _____ Date _____