

OFFICE POLICIES/ PATIENT RESPONSIBILITIES

1. To be able to accommodate sick patients on a work-in basis, we have a **NO SHOW** policy as follows:
Appointments that are not cancelled 24 hours in advance will be charged a **\$35.00** fee; if you are unable to reach the office, you may leave a message with our answering service after hours or on weekends.
If you cannot make it here on time for your appointment, please call the office, you may be asked to reschedule your appointment. If you get here and are already late, you also may be asked to reschedule.
2. Many insurance companies **require** a **referral** to be either written or sent electronically if the patient sees **another physician** or the **Emergency Room** or other **Emergency facility**. If **your insurance requires** this referral, it is **your responsibility** to let us know this **every** time one is needed. We will be **glad** to do it for you, but **you** have to **notify us** that it is needed.
3. There will be a **\$30.00** charge on all forms completed including FMLA, Life Insurance, Disability, etc. This fee **must be paid** when the form is **picked up** or **before** it is mailed or faxed. There is also a **fee** for **copies** of any test results. We will be glad to send a copy of your lab or x-ray results to your **patient portal** at no charge.
4. There is a **\$15.00 fee** for all returned checks.
5. All **Labs** are drawn between **8:30 – 9:30** each morning Monday thru Friday. If you cannot come to the office during this time, you may ask for a lab form to take to LabCorp or DCH or Quest during their business hours. If your insurance **requires** you to use a **particular lab** other than **LabCorp**, please **do not** have it drawn here, you may request a lab order to take to the other lab.
6. All **co-pays must be paid** at the time of your office visit. Some insurances also have a deductible that will need to be paid. If you are **unable** to pay, we will be glad to reschedule you for another day.
7. If you have a **new insurance card**, please give to the receptionist when you check in.
8. If you have had any **changes** to any of your information such as Insurance, Name, Address, Phone, please give these changes to the receptionist when you check- in, please make sure that we have your **correct** contact information!

CRIMSON

INTERNAL MEDICINE

NANCY TACTUK, M.D.

9. Bring **all** of your current **medications** with you in the bottle to **every** visit.
10. Please turn **off** your cell phones when speaking to **Dr. Tactuk** or any member of the staff.
11. If you need refills on your medication, please call your pharmacy they can send these to us electronically. Remember that if you are taking a controlled substance that has to be **written**, you will have to see your physician **every 3 months**. For all other controlled substances **every 6 months**. Please make sure that you call about these by Thursday evening to be able to pick-up before the weekend. **Controlled substances will not be refilled on weekends or on Fridays.**
12. We are now sending **appointment reminders by text or email**, if you would like to receive either or both please give your information to the receptionist. There is a form available for you to complete. If you have **already** given us the information but are not receiving reminders, please check with the receptionist to be sure we have your **information correct**.
13. We have a **website, Crimsoninternalmed.com**. Please look at the website for upcoming dates that we will be closed, forms, and other information. We are also on **Facebook**.
14. As your physician, I want to provide you with the best care possible. There are services that I feel are **necessary** for the treatment of your condition and maintenance of good health that **may or may not** be covered by your insurance. You are expected to **pay** for those services in **full**, if not covered. Let me reassure you that I will order **only** the tests and treatments that I feel are **necessary** for your treatment and care. Some of these tests are as follows: Ear irrigation, Hemocult, Glucose, Urinalysis, TB skin test, EKG, Tetanus, Pneumovax.
15. If you have any questions regarding these policies', please feel free to ask. If you have any complaints about these or anything else related to our office, please ask to speak to the Office Manager, Sharon Gilliland.

I, _____ have read and agree to the policies above

Patient Signature

Date: _____

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