



OFFICE POLICY

PLEASE READ CAREFULLY AND INITIAL NEXT TO THE LINE AND SIGN ON THE BOTTOM THAT YOU UNDERSTAND AND ACCEPT TO ADHERE TO OUR POLICIES.

_____ Payments, co-payments, and deductible amounts are due at the time of service unless special arrangements have been made. The billing department will gladly file insurance claims on my behalf; however payment cannot be guaranteed. I understand that the billing department will make every effort and several attempts to obtain payments and/or clarify if my insurance company misquoted my benefits, my benefits changed, or any other reason that the insurance company denies my claim. I will be responsible for any unpaid balances not covered by my insurance company. I will also be responsible for a \$25 charge for any checks returned for insufficient funds.

_____ I am also acknowledging my understanding that since my appointment time has been set aside exclusively for me, that I am responsible for notifying my practitioner 24 hours in advance to avoid a \$25 cancellation fee. I am aware that my insurance company will not pay for missed appointments.

_____ As your primary care office we understand the need for referrals. We also understand how frustrating the referral process can be and will try our best to make it as smooth and easy as possible. In order to speed the process, we ask that you as the patient and the insured member look on your provider list booklet for the specialist in your network you would like to see. Once you have chosen your in-network specialist provide us with name and contact information and we will provide you with the referral. We ask for your help to speed the process.

_____ If you would like to obtain a copy of your medical records there will be a charge of \$.25 cents per page. Please allow 3 to 5 business days.

_____ For all FMLA papers, Disability Claim Documents, and any other documents needed to be filled out and signed by the doctors, there will be a \$25 fee. Please allow 5 to 7 business day.

I have read, initiated, and understood the above statements to the best of my knowledge.

Signature

Print Name

Date