



## Office Policy

Our goal is to efficiently provide you with the highest level of care. By providing you with this description of our policies we hope to best achieve this expectation. Please read this agreement carefully and if you have any questions, don't hesitate to ask our staff.

- 1) At the time of scheduling we will inquire regarding your prior medical history and testing. We will attempt to get copies of relevant reports prior to your visit. Occasionally certain providers will not forward information without your signature/release. We may ask for your assistance in obtaining prior results if necessary.
- 2) We request that you bring either film or a CD disc of all chest-x-rays, CT scans and other important studies to your visit. Failure to have these images at the time of your visit may result in your appointment being rescheduled in order to provide you a complete consultation.
- 3) Upon arrival to the office please notify the patient coordinator and present your current insurance card(s) at every visit. Please notify us of any demographic changes i.e. address, phone number etc.
- 4) Medical records are provided to your physicians at no charge. Federal law prohibits doctors' offices from faxing or mailing medical information to non-medical facilities. Additional medical records requests must be made in writing. Copies will be provided at a charge of \$1.00 per page for the first 100 pages and .25 per page thereafter.
- 5) There is a \$25 fee for all non-state disability forms completed by this office. Insurance companies do not reimburse for form completion and we do not bill insurance for completing any form. Blank forms will not be accepted. Turnaround time for form completion is 5 business days. Because of the Health Insurance Portability and Accountability Act (HIPPA) regulations forms will be released to patients only.
- 6) We do not provide test results over the phone. If you were not given an appointment after a scheduled test and/or procedure, please call our office for one. We make every effort to have a return appointment so that the physician can review your results with you in person. This eliminates miscommunication and opens the door for you to discuss your questions directly with the physician.

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- 7) Our office does not provide Flu shots or Pneumonia shots. Please call your primary care physician if you wish to receive these vaccines.
- 8) Our office does not pre-authorize medications that are not covered by your insurance company. You may either pay for the prescription out of pocket or call our office for an over-the-counter alternative.
- 9) There is a \$50 fee for failure to cancel your scheduled appointment within 24 hours.

I have read and understand the above Office Policy and agree to comply and accept the responsibility for any payment that becomes due as outlined above.

Patient Name \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_