



CLINIC GUIDELINES

Late Arrival for Appointment: Patients arriving more than 10 minutes late for a scheduled appointment will be subject to possible rescheduling. We will ask the provider if there is available time to work your appointment into the schedule. If your appointment is worked in, please be aware that other patients who arrived after you may get called back for their scheduled appointments. If the provider does not have any available time, your appointment will be rescheduled. (_____) initials

Cancellation / No Show Guideline: Patient appointments that are not cancelled **AT LEAST** 24 hours prior to the scheduled appointment time will be subject to a Cancellation/No Show fee of **\$35.00**. This charge cannot be billed to insurance. We will bill directly to the patient. A patient is considered to have no showed for an appointment if 15 minutes from the time of the appointment has expired. (_____) initials

Phone Message Guideline: Our phones are answered between the hours of 8:30am – 12:00 noon and 1:00pm – 5:00pm. All phone messages will be returned with a phone call within 24 hours of leaving the message. If the provider is in the office, a return phone call should be expected on the same day. The only exception to this is phone messages left after 3:30pm. Those phone messages will be returned the following business day. Please do not repeatedly call the office. Leave one phone message per 24 hour period. (_____) initials

Forms Fee: Patients that require our office to fill out FMLA or Disability paperwork will be subject to a **\$10.00** fee that will be collected before the paperwork is released. When the paperwork is dropped off, the patient will be asked to fill out a short document that will help speed up the form processing. Please allow the provider 2 weeks from the date of receipt of the forms to have them completed. Forms **will not** be filled out during your appointment with the provider. (_____) initials



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Rescheduling Appointments due to Provider Emergencies: Our office guidelines state that as soon as we are made aware that a provider will be late to the office or has to leave the office due to an emergency, our staff will start notifying patients in the order of the scheduled appointments. We will do everything possible to accommodate your schedules as much as our provider's schedule will allow. (_____) initials

Time of Service Collections: All co-pays, coinsurance, deductibles, past due balances, and/or Fee for Service payments are due at the time of. We are legally obligated to collect payment at the time of service per our insurance contracts. Failure to comply with their guidelines could result in us being removed from an "In-Network" status, which would increase the amount that you as the patient would have to pay. When you receive your appointment reminder call, you will be notified of any outstanding balances due and arrangements will have to be made or your appointment will be cancelled and rescheduled. (_____) initials

I have read and understand the above guidelines. I understand that once this document is signed, I will be provided with a copy to keep for my records and a copy will be kept in my chart. If I have any questions, I will ask for clarification on any guideline before I sign this document.

Printed Patient Name

Date of Birth

Patient Signature

Date

Representative Signature

Date