

**APPOINTMENT CANCELLATION POLICY**

1. You must notify our office **24 hours** in advance if you are unable to keep your appointment or need to reschedule.
2. If you fail to cancel your appointment, a \$50.00 fee will be assessed. You must pay the missed appointment fee prior to your next appointment.
3. In case of an emergency, notify our office to cancel and request a waiver of the fee if less than 24 hours' notice is given.

**REFERRAL POLICY**

1. Our office staff needs at least 48 hours to prepare referrals.
2. Most medical insurance carriers require that patients obtain a referral before scheduling a visit or seeing a specialist.
3. All referrals must be picked up in our office **prior** to seeing the specialist. In most instances it is not possible for our office to 'back date' referrals for some HMO's. Please obtain your referral **in advance**.
4. There is a **\$10.00 charge for a referral not requested in advance that needs to be faxed at the time of the patient appointment with the specialist.**

**PRESCRIPTION POLICY**

We send and receive prescriptions and refill requests electronically through our secure computer system.

1. Patients should call their pharmacy first and place order for prescription refills. Our office requires **24 hours** to process your prescription request once the pharmacy has notified us of your order.

**EXCEPTIONS:**

- A. Mail-order prescriptions – Require two weeks' advance notice for you to receive your medications on time.
  - B. State and Federal laws prohibit ordering certain medications via phone, fax, or electronically.
2. In the event of a problem with your prescription, our office will notify you. Please inform us in advance of any changes to your phone numbers or address.

**MEDICAL RECORDS POLICY**

1. Copies of medical records including EKG, lab work, specialist correspondence and office notes are available to the patient if requested 48 hours in advance. You may pick up your copies in person or we will mail them if you have provided a self-addressed stamped envelope in advance.
2. In the event you are transferring out of the practice, you may request in writing a copy of your entire chart or the most recent/pertinent records (there is a charge for this service and our estimate will be provided to you within 48 hours of the request).

As a partner in your health care, we believe these policies will enable us to better serve you. Thank you for your cooperation!

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

Patient's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_