OFFICE POLICIES

PLEASE INITIAL THAT YOU HAVE READ AND UNDERSTAND EACH STATEMENT BELOW.

___ YOUR COPAY IS DUE AT THE TIME OF SERVICE. Charges not covered under your insurance are your responsibility.

___ If you have a deductible that has not yet been met we will collect 50% of your owed charges on the day of service and bill you for the balance after your claim has been processed by your insurance.

___ It is your responsibility to notify the receptionist of any changes to your insurance coverage, employer, address, phone numbers or other information that may affect your visit to this office.

___ If your insurance coverage requires a referral or authorization, you must have this with you at the time of your appointment.

___ This office accepts CASH, VISA, and MASTERCARD. We do not accept checks.

___ X-Rays should be returned to you after the doctor has viewed the film or CD. All x-rays left at this office will be destroyed if left here for more than 30 days.

___ Due to the nature of Orthopedics, our doctors may be called to surgery or have emergency patients that need additional time. The doctor may be unable to see you at your scheduled appointment time. . If so, we appreciate your understanding and patience. We value the importance of your time as well, and in the event that your doctor is delayed, we will reschedule your appointment if you are unable to wait.

___ If you are unable to keep your scheduled appointment, please contact our office 24 hours in advance to cancel or reschedule.

PATIENT NAME_____

___ Due to cost increases, you will be charged as follows for completion of forms:

INITIAL DISABILITY FORM (Continuing forms on the same claim will be $10 each)	$ 25.00
PRIVATE DISABILITY FORM (Aflac, FMLA, etc. – each form)	$ 25.00
COPY RECORDS:	
1 – 10 PAGES	$ 10.00
11 – 25 PAGES	$ 15.00
26 PLUS PAGES	$ 25.00
COPY FILMS (per film)	$ 15.00

___ Please allow a minimum of FIVE BUSINESS DAYS for completion and the doctor's signature on disability forms, copying records and copying x-ray films.

___ PRESCRIPTION REFILLS:

PLEASE CALL YOUR PHARMACY AT LEAST 48 HOURS IN ADVANCE FOR REFILLS; REQUESTS CALLED IN ON A FRIDAY WILL NOT BE REFILLED BEFORE THE WEEKEND.

Prescriptions that must be refilled thru this office also need a minimum of 48 hours advance notice.

Signed_____Dated____/_____/____

Print Name_____