



## PRESCRIPTION REFILL POLICY

For all prescription refill request, please contact your pharmacy. They will fax an authorization with your prescription information for the doctor to review. **Please note that there is a minimum 24 hour turnaround time for ALL refill requests. Please monitor your medications carefully and call BEFORE you run out of your supply.**

## CANCELLATION POLICY

In order to offer you the best care possible, it is important that you keep your appointments with your physician. If you need to cancel an appointment, please give at least 24 hours notice. If you need to cancel or reschedule the same day as your appointment, please call to let us know so that we can offer the time to patients who are on the cancellation list. Failing to call and cancel or reschedule PRIOR to the appointment is counted as a “no show”. We reserve the right to dismiss you from our care after three “no show” occurrences; please be considerate of other patients in need of appointments.

## FINANCIAL POLICY

We are dedicated to providing the best possible care and service to you and regard your complete understanding of our financial policies as an essential element of your care and treatment.

- Unless other arrangements have been made in advance by yourself or your health coverage carrier, full payment for office services are due at the time of service. For your convenience, we accept VISA, MasterCard, American Express and Discover, as well as cash, check or money order.
- We have made prior arrangements with many insurers and other health plans to accept an assignment of benefits. We will bill those plans with which we have an agreement and will only require you to pay the copayment at the time of service.
- All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be “not covered,” you will be responsible for the complete charge. Payment is due upon receipt of statement from our office.
- It is your responsibility to verify that this office participates with your insurance. If we do not participate with your insurance, you will likely be responsible for all charges out of pocket.
- If you have an HMO insurance plan, it is your responsibility to make sure you designate our office or physicians as your PCP prior to your first visit. Failure to do so may result in reduced benefits and / or non-coverage of your visit by your insurance company. You can contact the customer service number on the back of your card to change your PCP.

**By signing below, I acknowledge that I have read and understand the financial policy of the practice and I agree to be bound by its terms. I authorize the release of any information necessary to my insurance company or its intermediaries to process this claim and all future claims.**

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Patient Signature

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Date

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Printed name if signed on behalf of patient / minor

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Relationship to the patient / minor