

POLICIES & TERMS

PATIENT AUTHORIZATION AND NOTICE

We want to thank you for choosing us as your health care providers. We strive to offer the highest quality medical care. We have adjusted some of our procedures to accommodate your needs.

APPOINTMENTS: (INCLUDING ULTRASOUNDS)

Please give us a 24 hour notice for all cancellations. If you fail to cancel and/or miss your appointment **YOU WILL BE BILLED A \$50.00 CANCELLATION FEE/NO SHOW FEE.** Broken appointments prevent others from receiving medical care. (Initial _____)
If you are more than **10 minutes late** for your appointment, you will be considered a no show and will have to reschedule your appointment. (Initial _____)

PHONE CALLS:

We will make every effort to return your call as soon as possible. Phone calls received after to 2:00p.m. will be returned the following business day. (Initial _____)

MEDICATION REFILLS:

We recommend that you keep a two (2) week supply of all medications on hand at all times. Please call our office and request a refill when you have one (1) weeks supply left, as it may take up to three (3) business days to process the request. This is especially important during hurricane season and around the holidays. (Initial _____)

OFFICE HOURS:

Primary Care hours are 8:00am to 5pm Monday thru Friday and Saturday 9:00am to 1:00pm. Our Urgent Care locations are available Monday thru Friday from 8:00am to 6:00pm and 8:00am to 2:00pm Saturday and Sunday. (Initial _____)

REFERRALS:

We encourage you to be aware of your insurance policy. If you have a HMO or PPO plan that requires referrals, we remind you that ALL non-emergent referrals can take 5-7 business days to process. We are unable to authorize any referral without evaluation for a problem. Please do not call and request referrals by phone. (Initial _____)

LAB AND X-RAY RESULTS POLICY:

We call our patients regarding every lab or x-ray result. If you have not heard from us by a week from the date of your lab test or x-ray, please give us a call. (Initial _____)

It is our pleasure to serve you. Your comments and suggestions are welcome.

Patient Name (print)

Patient Signature