**Office Policy & Medical Insurance Plans**

Our office has enrolled in numerous medical insurance plans in order to accommodate the needs and requests of our patients. We are pleased to provide this service to our patients; however, it is extremely difficult for us to keep track of the individual requirements of all insurance plans. Each plan has different stipulations regarding how often services may be rendered and what type of services are covered. Plans may differ even within the same insurance company. It is each patient's responsibility to be aware of his/her individual insurance contract guidelines.

Please inform us of any special requirements in your individual plan when we estimate your coverage and your co-pay. **You will be responsible for all amounts not paid by your insurance, including amounts denied, applied to deductible, or considered non-covered as permitted by your insurance company.**

For your convenience, we accept cash, personal checks, debit, VISA, and Mastercard payments. There will be **$50.00 fee assessed on all returned checks**. **There is a 2% charge on all card payments**. The co-pay must be paid at the time of visit.

A 24-hour notice must be given on all-cancelled appointments. Our office may apply a **$25 cancellation fee** to all patients who do not adhere to the 24 hour cancellation policy. Cancellation fees are not covered with insurance plans and will be the patient's responsibility to cover this expense. All prescription refill requests must be made during regular business hours. The afterhours number should never be used for prescription refills. The e-mail service is to help you obtain the most personal care. Please **restrict e-mail use to urgent questions** so that these can be answered by our staff or physician rapidly. No lab or pathology results are discussed over the phone, unless a medication change or important change in management plan is necessary for your care.

The Health Insurance Portability and Accountability Act (HIPPA) regulates physicians to code for exact procedures and services performed, and this practice complies with this law. All patients have the right to access their own medical records, however **a fee will be applied to copies of medical records**.

Safety regulations require that other persons accompanying the patient remain in the reception area during visits or treatments, unless requested otherwise by the physician. The office building is equipped with AED equipment, and staffed with personnel certified by ACLS and BLS. In the event of a cardiac emergency within the clinic, your signature below gives the clinic personal permission to begin necessary emergency treatment and call for additional help for you.

Blood work, urinalysis, and finger-stick glucose monitoring may be frequently drawn as part of your care. Risks of blood draw include temporary discomfort with needle insertion, bruising, swelling of the site, and rarely infection.

Your signature below affirms that you have read the above and give consent for treatment.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_