

WELCOME TO OUR PRACTICE

Thank you for entrusting us with your health care needs. Our goal is to provide you with quality care in a friendly, comfortable atmosphere and in the most timely manner possible. This information is designed to guide you through the rapidly changing world of medicine, managed care and insurance plans. Please read carefully and sign at the bottom of the page indicating your understanding and acceptance of our policies and procedures.

GENERAL OFFICE RULES

We believe your time is as valuable as ours. We do not overbook patients except in cases of emergency and we do our best to stay on schedule to avoid any delays to you. Please assist us in our efforts to stay on time in the following ways. Please arrive on time for your scheduled appointment. If you are more than 15 minutes late it may be necessary to reschedule your appointment for a later time.

1. If you are a new patient, please arrive 15 minutes early to allow for time to fill out necessary medical and insurance information. If paperwork was mailed or faxed to you in advance, please bring the completed forms as well as your insurance and drivers license to the office on the day of your appointment. Our receptionists are required to keep patient demographic information as up to date as possible. Please understand that we may ask you for any change of address or phone number on subsequent visits. This information helps us to better serve you.
2. Please realize that it is each individual's responsibility to keep track of appointments made. If you need to cancel an appointment, please give us 24 hours notice so that we may schedule another patient in the time slot reserved for you.
3. We ask that you limit the number of problems you would like the doctor to address to **one or two problems per visit**. It is not uncommon for patients to present lists of problems that they have accumulated over a period of time. Attempting to address multiple problems leads to inadequate counseling, time delays, insurance problems and eventually patient dissatisfaction. **Please do not ask the doctor to address more than two problems per visit**, as we cannot make the exception for one patient and deny the same request to another.

INSURANCE

As a courtesy to you, we will bill your insurance company if we are a participating provider. If we do not participate with your insurance plan, you will be responsible for the cost of the office visit and any procedures performed. **Payment is due at the time of service.** It is the ultimate responsibility of the patient to understand his/her insurance coverage. Our staff cannot call your insurance company at the time of your visit to obtain information about your benefits. Insurance policies may change and/or insurance company representatives do not always give us correct or consistent information. **In the event of denials, errors, or non-covered services, the patient is responsible for all services rendered.**

Patients are responsible for their co-payments and/or deductibles at the time services are rendered. If you are unable to pay your co-pay at the time of service, you will be given a coupon to mail in your co-pay to us within 5 days. **If the co-pay is not received within 5 days from date of service, we may charge you a \$5.00 billing fee.**

We thank you for understanding our financial policies. This has become necessary in order to continue to accept insurance plans without having patients pay the balance up front and then wait themselves for reimbursement from their insurance company. Our goal is to make your visit with us pleasant and professional. If you have any questions, please feel free to ask our staff for assistance. Thank you again for choosing us for your care.

Patient/Parent/Guardian

Date