Our Office Policies

Please initial polic CELL P	ies acknowledging your receipt and understanding of them. HONES
	se turn off your cell phone, in order to eliminate distractions when the doctor/nurse is with you.
• Pleas	se note that Texting or Email doctors regarding your health issues is considered HIPPA violation so do not use these means ach your doctor but instead schedule an appointment to discuss your concerns.
	S and PAYMENTS
• We ques a thi • For card	collect previous balances, co-pays, deductibles, co-insurance for every doctor's visit prior to being seen. If you have any tions regarding this, please call your insurance company . We don't know how your insurance applies this clause. We are red party; the insurance company restricts our knowledge about what is and what is not covered under your signed plan. ms of payment accepted are Cash, Visa, & Master-card only! We do not accept checks, American Express or Discover so. If you have a balance due and do not respond to our statements, we will charge your account for the balance due
ager	the credit card information we have on file for you. When your delinquent account is submitted to a collection acy, a collection fee of 19% will be charged by the agency, and that will be added to your balance.
	ENCY OFFICE VISITS
seeir (3mc	ir doctor is seeing you on Emergency Basis then please stay focused on the reason for that day's visit. Remember doctor is any you in between scheduled patients. We will take care of your immediate problem first and schedule your routine onths) visit on another day. Your regular prescriptions will not be filled on your emergency visit . walk-in visits will be considered emergency and will be charged additional \$20 along with your office visit charges.
PHYSIC	AL EXAM (PE)
insu	ou are here for physical exam and want to be seen for other health issues in addition to the PE, then we will bill your rance for both sick and well visit. Your insurance might not pay for the combination visit; if this is the case then you responsible in paying the complete balance due.
-	ND IMAGING
or af	se schedule a follow up appointment in <u>1-2 weeks or sooner</u> for abnormal Lab, X-Rays, MRI, CT, and Ultrasound results fer seeing a specialist for your problems to update your medical record. If you do not hear from us within a week regarding lab, please give us a call.
PRESCRIPTIONS	
chan	doctor MUSTSEE YOU prior to prescribing a new RX, refills on Antibiotics or Narcotics (Controlled medications) and aging your existing medication. NO controlled medication will be prescribed <u>over the phone</u> , <u>out of State</u> , <u>after hours</u> , or tends.
for y	ou have not been seen the doctor within the past 3 months and need a refill, you must schedule an appointment to see doctor your prescription refill, even if you are feeling fine. If you are out of town and need refill on your regular Rx then we will 30 days supply only if you were seen in the last 3 months otherwise please see a physician for your emergencies.
• Plea Writ	se provide us with your pharmacy information so that prescriptions can be faxed or electronically sent to your pharmacy. ten prescriptions are given <i>only</i> when necessary. If you have a written prescription in hand then we will not fax or E-cribe it to the pharmacy to avoid duplication.
	re will be a \$10 charge for every denied prescription that requires approval from your insurance company.
REFERI	
time	ining a referral from your insurance can take up to 48 hours or more. Please do not call from the specialist's office at the of your appointment for a referral. Please call our office and schedule an appointment to get a referral before as specialist.
NO SHO	
to ch	ou do not show up and/or do not call us 24 hours in advance to cancel or re-schedule your appointment, we reserve the right parge a \$25.00 fee for the scheduled time that we were unable to give to other patients.
	r three consecutive no shows, we reserve the right to discharge you as our patient. AL RECORDS/COPIES
	have charge \$35.00 for all Medical Records, and \$5 for X-ray CDs.
	do not fax/mail or email reports to patients as patient has portal access to print reports
with	are required to update your records at least once every year, as required by your insurance company so please provide us updated information even if there is no change in your information. In order to keep your <u>chart active</u> , you MUST see the or at-least once a year
EMERG	ENCY ROOM VISIT/HOSPITAL VISITS
knov	ase of emergency after office hours, weekends, or holidays, please call 911 or go to nearest ER, and let the hospital doctor w that our doctor is your Primary Care Physician so that they can notify us about your visit. Once discharged, please dule follow-up appointment with the clinic within 7 days.
	AL CLEARANCE FOR SURGERY

Our goal is to make your visit pleasant and professional. If you have any questions or suggestions, please feel free to contact our

Please schedule an appointment, in order to be cleared for surgery. Bring written order from the surgeon's office indicating

what kind of surgery and which tests are needed in order to clear you for the surgery.