

## Practice Policies

**Our goal is to provide quality medical care in a timely manner. In order to do so, we have had to implement a cancellation and no-show policy. The policy enables us to better utilize available appointments for our patients in need of medical care.**

PLEASE READ AND REVIEW CAREFULLY, THEN SIGN AND DATE

### **Cancellation of an Appointment**

To be respectful of other patients' needs, please be courteous and call our office at (469) 800-4010 or 24-hour answering service promptly if you are unable to attend an appointment at least 48 hours in advance for office visits and 72 hours in advance for procedures. This time will be relocated to someone who is in urgent need of treatment. Patients with late cancellations for their appointment will be charged a \$50 fee for office visits and a \$100 fee for procedures. You will be personally responsible for payment of these charges. Fees will not be billed to your insurance and are subject to change without prior notice.

### **No Show Policy**

A "no show" is a missed appointment that was not canceled in advance with at least 48 hours for office visits and 72 hours for procedural appointments. No shows inconvenience other patients who need access to medical care. Patients who do not show for their appointment without notice will be charged a \$50 fee for office visits and a \$100 fee for procedures. Two "no show" appointments in a six month period will result in dismissal from the practice. You will be personally responsible for payment of these charges and will not be billed to your insurance. Fees are subject to change without prior notice.

### **Non-Covered Services Are Your Responsibility**

Medical plans have many unique stipulations. If you are not sure if a service is covered by your plan, you will need to call your insurance company in advance to see what your financial responsibility will be prior to being seen and treated. It is the patient's responsibility to obtain a referral for HMO plans. If you fail to obtain a referral, you will be financially responsible for all charges.

### **Copies of Medical Records**

We will be happy to copy/print your medical records for you and forward them to a physician of your choice. The American Medical Association has recommended the following schedule for copies of medical records. \$25 for the first 20 pages then .30 cents per page thereafter.

### **Form Completions**

There is a \$15 fee for processing forms that require more than the physician's signature. Some forms may have a higher fee. This is billable directly to you (not your insurance company) and should be prepaid prior to the completion of the forms. I have read the above and agree to accept responsibility as described.

### **No-Show/Late Arrival/Late Cancellation Patient Termination**

Within a 12 month period, the patient may be terminated for the following: Three (3) non-excused no-shows, cancellations with less than 24-hour notice; or Non-excused late arrivals (more than 15 minutes).

Every year the period starts over. If the patient pays a fee towards the no-show, cancellation, late arrival it does not count towards the total non-excused no-shows. Excused reasons may include but are not limited to patient sickness, death in the family, hospital stay, an immediate family member in the hospital, sick parent or child, car accident, etc. If a patient has an excusable reason for the no-show, we do not send a no-show letter.

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