



OFFICE POLICIES

MISSED APPOINTMENTS- An (Eighty) dollar \$80.00 charge will be issued for broken appointments unless 24 hour notice is given. Payment is to be made on or before your next appointment.

LATE FEE – A (\$15) fifteen dollar per 15 minute late charge will be issued and paid before your scheduled visit.

RECORDS RELEASE FEE – There will be a charge per page in addition to postage and labor. Please allow up to 30 days to transfer records. A record release form must be signed and dated. Records will be mailed, faxes are at the discretion of the physician, there is a charge for long distance and toll fax, the payment for medical records transfer may be by money order or cleared personal check. No records will be sent with out cleared fees.

There is a fifty dollar bounced check fee.

FORM FEE: -- There is a fifty dollars form fee.

REFERRALS: --- As a patient it is your responsibility to obtain a referral from your primary care provider prior to your appointment or surgical procedure. Referrals are needed at the time services are rendered. Failure to present one on the day of your visit means rescheduling your appointment or payment for services rendered.

CHANGE OF ADDRESS AND INSURANCE: --- It your responsibility to notify the office of these changes.

LABORATORY WORK: -- As a patient it is your responsibility to notify the physician where your lab work is to be sent as per your insurance company request or your personal preference. Your responsibility also includes any and/or all charges from the lab that are not covered by your insurance.
It is the patient responsibility to call the office to find out results of all lab, xrays and tests.

I _____, have read and understand the office policies.

Signature: _____

Date: _____

Thank you,
Management