



Office Policy

Please read everything carefully before signing.

NO SHOW POLICY: All cancellations of scheduled appointments require a 24 hours advanced notice and must be completed during business hours. Any patient who fails to show up for their scheduled appointment or cancels their appointment without a 24 hour notice will be considered Noe Shows and assessed a \$25.00 no show fee for the 1st occurrence , \$50.00 for the 2nd and discharge from the practice after the 3rd no show. They will need to seek further treatment with a new provider on their insurance plan.

Please note that the automated reminder call is only a courtesy service we provide and is NOT to be relied upon as a reminder for your appointment. It is the patient's responsibility to remember their appointment.

FORMS POLICY: All forms that need to be completed by a provider require prepaid fee of \$ 50.00 (for up to 2 pages) and \$ 125.00 (for 3 or more pages). The forms will be completed within 5 to 7 days. The provider reserves the right to refuse to fill out any forms at their discretion.

PRESCRIPTION DENIAL POLICY: When the insurance company denies coverage of a medication prescribed by the doctor, it is the patient's responsibility to obtain names of alternate medications covered by their insurance plan formulary. In case the medication is too costly, it is also the patient's responsibility to find more affordable alternate treatment options covered by their insurance.

URINE ANALYSIS POLICY: Urine Screening and confirmation provides important information about how your medications are metabolized by your body. Urine screening also alerts us to the presence of any medication that is not prescribed or contraindicated. We monitor urine from time to time to assure proper use of prescribed medications on all our patients. We regularly monitor urine analysis on all patients being prescribed controlled medications. Additionally, all patients with any history of substance use will be subject to random urine drug testing as a condition of their treatment. You may be asked to submit a urine sample at any time during your treatment at the physician's discretion. Refusal to provide a sample when requested will result in discharge from the practice.

With my signature below, I acknowledge receipt of this policy update and agree to abide by it.

Patient Name: _____ DOB: _____

Parent/Guardian Name: Not Applicable

Signature: _____ Date: _____