



## Office Policy

### **FINANCIAL**

Our office will make every attempt to bill your health insurance carrier for medical services rendered to you. It is your responsibility to provide us with timely and accurate information regarding your insurance policy. Please keep us updated as changes occur.

Your insurance policy is a contract between you and your insurance company. As providers, our relationship is with you, the patient. You are responsible for knowing your coverage. Our providers make every attempt to recommend medical care that is essential to your health. Please know your policy's limits and contact your insurer to verify coverage if you are not sure.

\_\_\_\_\_  
Initial

### **CO-PAYS / DEDUCTIBLES**

All co-pays and/or deductibles are due at time of service. Patients with co-insurances and self-pay accounts are expected to make a payment at the time of service. Co-pay/deductibles apply to all visits in our practice, including nonprovider clinical staff.

*\*\* Please be advised you may not have a fee for preventative care. However, if both preventive and diagnostic care occur at the same visit, you may have a fee associated with the diagnostic service. Your provider will determine the proper coding after your visit and we will bill you if necessary.*

\_\_\_\_\_  
Initial

### **CANCELLATIONS / NO-SHOWS**

We request at least a 24 hour notice if you need to cancel your appointment. A missed or cancelled appointment with less than a 24-hour notice may be subject to a \$50 fee for new patients, office procedures and physical appointments, and a \$25 fee for follow-up and sick visit appointments.

\_\_\_\_\_  
Initial

### **LATE APPOINTMENTS**

If you arrive more than 15 minutes late for your appointment, you will be seen on a case-by-case basis, depending on the provider's schedule.

### **REFERRAL REQUESTS**

If you need a referral, please contact our office and allow 72 hours for completion. Please note; we cannot provide referrals for patients we have not seen. If the referral is for a new condition, an appointment will be required.

### **REFILL REQUESTS**

Please contact our office to request prescription refills and allow 72 hours for our office to process.

### **MEDICAL RECORD REQUESTS**

A medical record request form must be completed and submitted via mail, fax or in person. Please allow 10-14 business days for processing. A fee will apply and will vary depending on the number of pages released.

1. I have read and agree to the Drum Hill Primary Care, LLC policy above.
2. This agreement remains in effect for all future services at Drum Hill Primary Care, LLC.

Patient/Responsible Person Signature: \_\_\_\_\_ Date: \_\_\_\_\_