



101 Baldwin Dr
PO Box 837
Leland, NC 28451
9103831500 Tel
9103831504 Fax

Patient: _____

The purpose of this letter is to ensure that all of our patients have read over and understand our office policies. Please *read over each policy and initial* in the preceding line then sign and date at the end of the document indicating that you understand the policy. If you do not understand any of our policies, please do not hesitate to ask our staff prior to signing the document.

___ Appointments have priority over walk-ins in terms of the order in which patients are seen. Walk-ins are seen on a first come first served basis by the provider that is available. Our normal office hours are Monday 8:00 AM to 7:00 PM, Tuesday through Friday 8:00 AM to 5:00 PM. Our last walk-in before lunch is 12:15 PM, our last walk-in on Monday is 6:45 and Tuesday through Friday is 4:00 PM.

___ It is critical that appointments be kept to ensure fairness to our patients. If you must cancel your appointment, we require at least 24 hours' notice or the appointment is considered a failure to show. Failure to show up for an appointment, group visit or ultrasound will result in a \$25.00 missed appointment fee, for which the patient is responsible. For patients that we cannot contractually charge missed appointment fees, the patient is allowed two failure to show appointments and will be discharged at the third failure to show.

___ At the time of visit, our office will collect all unpaid no show fees and:

1. From Patients with Copays: Upon check-in copays will be paid in full, as agreed with the insurance company.
2. From Patients with insurance and Medicare having deductibles: Full office visit fees will be paid upon check-in until deductibles are met, as agreed with the insurance company and Medicare.
3. From Patients that are uninsured: Upon check-in office visit fees will be paid, then upon completion of visit will collect fees for additional services provided during that visit.

___ We require 48 hours for prescription refills. Prescription refills requested Thursday or Friday may not be ready until the following week.

___ After hours care is provided by calling our office phone which will forward to one of our providers. This service is only for **medical emergencies** and cannot be used for prescription refills or making appointments. In the event that you cannot reach the provider and emergent care is needed, call 911.

___ Patients with an outstanding balance of over \$50 or over ninety days will not be seen unless the illness is emergent or the patient enrolls and complies with a payment plan.

___ Please allow at least a week for standard lab test call backs. For specialty lab call backs allow up to 2 weeks.

___ Per HIPAA guidelines, we cannot release any patient information to friends or family of the patient unless the individual is the parent or guardian of a minor (under 18 years of age) or is listed on the patient's HIPAA consent form. Patients under 18 years must be accompanied by the parent or guardian in order to be seen.

I have read and understand the before mentioned policies and agree to comply with them.

Patient Signature: _____ Date: _____