

Health Contract

The following information is provided for your benefit so that we may better serve you. Please read and sign at the bottom.

1. **Hours of Operation**—8am-5pm Monday thru Friday. Please call the on-call Provider after-hours through our answering service for emergencies only.
2. **Facility**—Our providers work at multiple facilities throughout town. Please go to the hospital ER where your procedure was performed in the event of an emergency.
3. **Appointment Time**—Out of respect for your schedule, we strive to stay on time with our appointments. We ask that you arrive 15 minutes prior to your appointment to do any necessary paperwork. Patients arriving past their appointment time may need to be rescheduled. In effort to stay on schedule multiple problems may require additional follow-up appointments.
4. **Cancellations**—We require at least 24-hours notice when cancelling or rescheduling your appointment. Without a 24-hr notice, this may be considered a no-show or missed appointment and a No-Show fee may be added to your account that is not covered by your insurance. After three missed appointments we may consider discontinuing our relationship with you as a patient.
5. **Refills**—We have found that processing refills electronically is the most efficient and accurate method. You will need to provide us a pharmacy that performs electronic prescriptions to facilitate this process. No refills will be done after hours or on the weekends except in cases of medical emergency. Please allow 2 business days to process refill requests and 5 business days if a prior authorization is needed from your insurance.
6. **Payments**—All applicable fees, deductibles, coinsurance or copays must be paid at THE TIME OF SERVICE. This office will verify your benefits to the best of our ability once you supply your correct insurance information. Verification of coverage does not mean that all services rendered will be covered during your visit. Uncovered services may be your responsibility to pay. Outstanding balances must be paid prior to future appointments unless other arrangements have been made with the office. There will be a \$350 charge for self-pay patients that will be collected at check in. All patients will be asked to put a credit card on file at the initiation of care.
7. **Staff Support**—Our Providers and staff are dedicated to your health. Since our Providers are providing quality care to all their patients, they may not be immediately available to accept phone calls. Our staff serve as an extension of our Providers. Many questions or concerns can be addressed by communicating through our staff. Our staff serves as a valuable resource in delivering timely care, so please treat them with respect. Any discourteous behavior towards our staff will not be tolerated.
8. **Paperwork**—We are happy to complete paperwork/forms related to your health care. Our Providers request that you come in for an appointment to address the paperwork. There is a fee for forms so please review our prices located at the front desk. Payment is required prior to forms being filled out. We cannot email these forms due to privacy concerns.
9. **Noncompliance**—Your total health is the result of a committed partnership between you and your Provider. We reserve the right to discontinue this relationship for noncompliance with health plan or any of the above policies.
10. **Patient Summary**—Your patient encounter will be available on the Patient Portal unless otherwise stated 5-7 business days from your visit. Access can be granted once you provide our staff with your email address. The portal can also be utilized to ask questions or pay your bill.

Patient Signature: _____ **Date:** _____