



Welcome to our Practice

Attached you will find the needed forms that our practice requires in order to minimize your waiting time during your first visit. If you have any difficulty or any questions, please do not hesitate contacting our office. Please read the following office guidelines.

- If your insurance carrier requires you to have a referral from your Primary care doctor, please bring it with you. You are responsible to have it with you at the time of your appointment.
- You are also responsible for any co-payments for your office visit as required by your Insurance carrier. Payment is expected at the time of each visit.
- After a hospital stay, please contact our office on the day of or the day after discharge to Schedule your next follow up. This will help us to accommodate you and provide you with timely medical care.
- Your physician does not discuss results over the phone. They will discuss your results with you at the time of your next office visit.
- If a disability form is needed, please be sure to have the patient and employer portion completed before dropping off the form to us. When completed, the form will be mailed directly to disability from our office.
- If Medicare is your only insurance, please be advised that you will be responsible for 20 Percent of the Medicare allowed amount for your visit/treatment. This balance will be due on the day of your appointment.
- Any checks returned due to insufficient funds will incur a \$35.00 processing fee.
- We require that you give us 24 hour notice to cancel or reschedule any office appointment. If you fail to do so, unfortunately, we will have to charge you a fee of \$50.00.
- If you require copies of medical records or need forms to be completed, please inquire regarding fees.
- If you are due a refund check for any reason, the check must be picked up at the office. If you insist that the check is mailed and for any reason the check is lost YOU will be responsible for the 35.00 stop payment fee if another check needs to be issued for any reason.

Signature

Print name

Date