



MRN \_\_\_\_\_

**OFFICE POLICY NOTICE TO PATIENTS**

***We strive to provide the best quality care to our patients. To make this possible, we adhere to a set of important guidelines. Please read them carefully, initial all the lines and indicate your agreement by signing the bottom of the form.***

\_\_\_\_\_ **Late Policy:** Please arrive 15 minutes before your scheduled appointment to complete/update your registration form. Being 20 minutes late for an appointment may require you to either reschedule or wait for an available opening. There are no guarantees since openings due to cancellations or no-shows are unpredictable.

\_\_\_\_\_ **Cancellation and No-Show Policy:** If you wish to change or cancel an appointment, we ask that you please provide 24 hour advance notice. This allows us to offer your appointment to another patient who may be waiting to see a provider. We understand, however, that emergencies can and do happen. We will make every attempt to work with you. If you cannot contact us 24 hours in advance, please call or send a secure FollowMyHealth message as soon as you know you cannot make your scheduled appointment time. If you miss your appointment without notice or provide less than 24 hour advance notice, it will be considered a no-show. We **may/shall** charge you \$50.00 for a no-show appointment. Patients who repeatedly no-show may be dismissed from the practice.

\_\_\_\_\_ **Insurance/Co-Pays:** Please bring updated insurance and co-payment to every visit. Failure to make co-payment at the time of visit could result in cancellation of the scheduled appointment. Patient are responsible for charges not covered by insurance.

\_\_\_\_\_ **Missing Proper Identification:** Patients without a valid photo ID, proper insurance information or missing insurance information, may be asked to reschedule. Any patient who misrepresents themselves by using outdated or someone else’s identification will be dismissed from the practice.

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**Patient Name (Print)**

**Patient or Responsible Party Signature**

**Date of Birth:** \_\_\_\_\_

**Date:** \_\_\_\_\_