



FAMILY MEDICINE

Financial Policy (continued)

- 4) For any balances on your account, you will receive an invoice requesting the payment that is due. **Please note that a finance charge of 1.33% will be accrued monthly on any unpaid balance.**
- 5) Please be aware that there is a minimum fee of \$25 plus a \$10 compilation fee for the release of medical records to a patient. There is no fee for the release of medical records to another physician with a written request from the patient.
- 6) **On-time paperwork completion policy:** Paperwork is required for all new patients as well as yearly for established patients at their appointment times. If you do not have the required paperwork completed in full by the time of your appointment, it is possible that we may reschedule your appointment to a later time or different day. We reserved the right to charge you the appropriate cancellation fee if we are unable to see you for your appointment due to paperwork delays.
We ask that new patients complete new patient paperwork at least 48 hours before their appointment. If paperwork is not filled out in time, your appointment will be canceled and a cancellation fee of \$75 will be applied as described in section two.
- 7) **Lab Work.** All lab work will be billed separately by the respective laboratory and is not included in our charges unless you prefer to private pay for labs at your visit. Any question regarding bills for lab work should be addressed with the laboratory.

Acknowledgment of Fees

- Prescription prior authorization: Our office will not perform any prior authorization for medications that cost less than \$40 per month.
- Prescription prior authorization fee: There is a \$50 fee for each (one) medication and each (one) prior authorization. This includes any request to fill out a prior authorization form for medication greater than \$40 per month.
- **Prior authorization fees are due in advance regardless of prior authorization being denied or approved.**
- **After hours calls: \$35 flat fee for after-hour phone calls that are not emergencies**
- Patient Printed Name: _____ Patient Signature: _____
- Relationship to Patient: _____ Date: ____/____/____



**Patient Agreement
Office Policy
Effective January 1, 2025**

In keeping with our philosophy of respect for our patients and staff, we have developed the following office policies:

1. If you are a new patient, please arrive 15 minutes prior to your appointment and have your new patient paperwork completed 48 hours prior to the appointment. **Your new patient appointment may be canceled by our office if you do not have the correct paperwork completed 48 hours in advance.** You will be responsible for the \$75 cancellation fee prior to re-scheduling your appointment.
2. Cancellation Policy. We have a 24-hour cancellation / No show policy that states if you cancel, reschedule or no-show your appointment without 24-hour notice you will be responsible for a \$75 fee payable before the next date of service.
3. Your copayment/coinsurance are due at the time of service. If you have a high-deductible plan (and have not met your deductible) or are self-pay (including auto-accidents), you are responsible for payment at time of service.
4. For refill requests, please make sure you allow 48 - 72 business on ALL prescription refill requests. As a rule, please contact your pharmacy first to have them fax over the refill request.
5. Any sleep, pain, anxiety, or antibiotic medications require an Office Visit before they can be filled/refilled. These medications will be prescribed at the provider's discretion.
6. Labs/Imaging. Please allow up to 1 week for lab and imaging results to come back. However, if you have not heard from our office within 1 week, please reach out to us through the portal or by calling 512-345-7436.
7. Referrals/Authorizations. Please always verify with your insurance company whether you will need authorization for referrals to specialists before scheduling the appointment. You are responsible for making sure the referral provider is in your network. Allow 3-5 business days for processing.
8. For after hours and weekend services, we offer an on call provider 24 hours a day, 7 days a week- including holidays. For more information you can call 512-345-RHFM (7436). These calls are subject to an after-hours fee of \$35.

Patient Printed Name: _____ Patient Signature: _____

Relationship to Patient: _____ Date: ____/____/____

