

We value our relationship with our patients and are committed to provide quality in our medical care as well as our business practices. The following policies and procedures are in place. Please review these so that you will have a clear understanding as to how our office handles these issues.

_____ **Payment in full is due at the time services are rendered.** This includes applicable co-pays, co-insurance and deductibles as well as any outstanding balance (unless prior arrangements have been made). We accept cash, checks, and credit cards. If you have a deductible, we will collect the “allowed” amount as per your insurance company at the time of your visit.

_____ **We request the courtesy of 24 hours advance notice if you need to cancel or change your appointment.** Please understand that we do not overbook our schedule. Though we cannot always predict how ill a patient may be or how much time a particular visit may warrant, we do our best to allot the appropriate amount of time in our schedule for you when you make an appointment.

_____ **Urgent Care Visits** are visits that are worked-in / added on when our schedule is already full for that day.

_____ **Policy on Refills.** For your convenience and safety, prescription medications are issued during office hours. All routine refills should be requested at your office visit. If you have a chronic condition, you will be expected to see me regularly and we will provide the appropriate refills at your visit. Should you find that you need a temporary refill, please do not hesitate to call your pharmacy for an electronic refill request or call the office.

_____ **We accept Medicare assignment** and will file your claim for you. If you have a secondary, we will file your claim as a courtesy if appropriate insurance information has been presented at the time of your visit. As noted above, we will expect to collect any copays and/or deductibles at the time of your visit. **We do not participate with Medicare Advantage/ Medicare managed care plans.**

_____ **We do not handle work-related injuries** nor file Workers’ Comp claims. If you have been in an accident outside of your workplace (e.g. motor vehicle accident, and require evaluation) **we will not file an accident claim with your insurance company. Payment would be expected in full at the time of service.** Please be sure to let the receptionist know when you schedule if you feel your visit is accident related in any way.

We welcome your suggestions and feedback. It is our hope we can exceed your expectations for excellent care and communications.

I hereby acknowledge that I have been given a copy and reviewed and agreed to the PRIVACY PRACTICES of NORTH CYPRESS INTERNAL MEDICINE AND WELLNESS. I have read, understand, and agree to abide by all of the above stated policies.

Patient Name (or Responsible Party if not patient)

Signature

Date