



## ALL SEASONS FAMILY HEALTH CARE OFFICE POLICY

To better serve all of our patients in this practice my staff and I think that all of our office policies need to be very apparent and that all of our patients are informed of them. These are not made to inconvenience you; they are made to be a benefit to your care.

### **REFILLS/SAMPLES**

1. All prescription refill(s) requests require 3 business days; there will be absolutely **NO EXCEPTIONS**. Please take weekends and holidays into consideration when calling in for refills.
2. Requests will all be done and ready for fax/pick-up at the end of the third day.
3. If you wish to request samples the same policy applies.
4. Samples are given on a first come first serve basis and will only be held for one week. After that time they will be restocked and given out to other patients.
5. If no samples are available there can be a prescription written up and faxed to the pharmacy of your choice.

### **APPOINTMENTS**

1. Walk-ins are welcome but they may have to wait.
2. If you show up 15 minutes late or later for an appointment you may be rescheduled to the next available time slot.
3. If you fail to appear at an appointment and do not call ahead to cancel (a no-show) will be charged a fee of \$25.00. This fee will be charged directly to you, not to your insurance. If you "no show" for an appointment three times it will be grounds for termination of your doctor- patient relationship.

### **CALL-OUTS**

1. All call-outs will be done no later than the day before your appointment; if you are not available we will leave a message saying what time your appointment is.
2. We ask that you please give 24 hour notice if you will not be able to make your scheduled appointment time.

### **MEDICAL RECORDS**

1. If you are requesting for your medical records to be copied this requires a 7 day notice.
2. You will need to sign a release for us to get your medical records from another physician or for us to send your records to another physician.

### **RECEPTIONISTS**

1. All co-pays and deductibles are due at time of service. Please have your payment ready when you check out.
2. If referral appointment is needed, this office will make them. If you need to reschedule any of these appointments it will be your responsibility to reschedule them. We will only make these appointments once.

### **CALLS/MISC**

1. Please limit your phone calls to the office to no more than 2-3 phone calls in one day.
2. Any questions or messages left for the doctor /nurse will be returned by the end of the day.
3. There will be a \$10.00 charge for any forms filled out and a \$20.00 charge for any letters requested to be written.

Patients Signature: \_\_\_\_\_

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