

Office Policies

Patient Name _____ DOB _____ Resp Party _____

1. Co-Payments, deductibles and patients share are due at beginning of each visit. We Accept cash, check, major credit cards & debit cards.
2. Financial arrangements should be directed to the Billing Department @323-5660.
3. Office visits are by appointment only. They are scheduled according to the severity of the illness and availability. We will try to accommodate any specific scheduling requests. It is my policy to see sick patients the same day they call (if I am in the office), but it requires everyone's cooperation in scheduling, keeping and canceling appointments.
4. If you need to cancel/reschedule an appointment, call us **24 hours in advance** so that we may offer the time to another patient. For "after hours" cancellation, call our voice mail @ 435-1650 and press 1.
5. If you are more than 10 minutes late we will still try to see you and work you in, but don't count on it. Be on time!! Patients on time will be seen first.
6. I expect you to respect my time as I respect yours. To schedule your first appointment there is a \$100 deposit required. If you miss your first appointment you will forfeit the deposit unless at our discretion the missed appointment was unavoidable. There is a \$50.00 "No Show" fee for missed appointments or "**appointments cancelled by less than a 24 hour notice**", which must be paid before you are seen again. I am, of course, empathetic with extenuating circumstances.
7. Co-pays not paid at time of service will be charged a \$10.00 billing fee. It costs us practically this much to bill them, and more if we have to bill them repeatedly.
8. Due to the volume of emails I receive requesting medical advice and follow up, emails will be billed. Your insurance may cover this charge. As an option, you may email shannon@docsue.com and it will be handled like any telephone call. If I have *asked* you to email me, obviously I am not going to bill you.
9. All patient information is strictly confidential. No information will be given to anyone without signed authorization. This excludes minors (other than for certain issues as mandated by law).
10. If a patient is a minor and is being seen alone, we must have written permission by the legal guardian. If this is the minor patients FIRST visit, he/she must be accompanied by the legal guardian.

11. If you have a change of address, phone# or insurance, please let us know as soon as possible.
12. Referrals to specialists usually take 5 to 10 days (unless it is an urgent matter). You will be contacted by our office when the referral process is complete, by either phone or mail.
13. Anyone who answers their cell phone during an office visit, your appointment will be over and you will be billed the full charge for the appointment.
14. If your check does not clear your bank, you will be billed for \$25.00 in addition to the amount of your check. This will need to be paid by cash, money order or credit card prior to your next visit.
15. If you need your medical records copied and sent elsewhere, there will be a "Copy Records" fee, unless they are requested by another doctor's office.

I have read and understand the above Office Policies and AGREE to abide by them.

Signature of patient/parent/legal guardian

Date