



Welcome To Our Medical Clinic, And Thank You For
Selecting To Be Seen At This Location.

We would like for each patient to know the policies in our office as we are governed by Corporate Law as well as our group of Attorney's. Therefore, please read each line carefully and sign the acknowledgement at the end of the page. A copy will be provided to you for your records.

OFFICE VISITS:

All patients must provide a valid ID as well as proof of insurance at the time of their visit. If you are a minor you must be accompanied by an adult or legal guardian at each visit.

If you are a new patient or a patient who is being treated by multiple Physicians, you must bring in all medications with you at each visit to ensure that we have an accurate list of medications for you.

All copays/co-insurance and deductible payments will ONLY be accepted in cash, cashiers-check or money order and payable at the time of your visit. A \$5 fee will be applied if a statement has to be mailed out to you.

Due to high volume of patients, all appointments for office visits and/or testing must be canceled or rescheduled 24 hours ahead of your scheduled appointment, failure to do so will result in a **\$35 cancellation fee.**

Running Late - Please call the office to inform us if you are running late, when possible, we will try to accommodate you with your appointment. However, if there is a high volume of patients your appointment will be rescheduled. *(For patients over 15 minutes late.)*

Patients cannot come into the office under the influence of any substance, including patients who have been prescribed "Medical Marijuana."

No minors are allowed unattended in the waiting room, no minors are allowed in the back office area.

Hygiene: We do ask all patients to maintain proper hygiene when coming in for office visits and/or testing.

Counterfeit Bills: all counterfeit bills will be turned over to the Police with the person who produced them.

To all Medicare patients please be aware that as a Medicare member, Medicare requires each provider to have you sign the Advanced Beneficiary Notice (ABN). This is a notice reminding you that Medicare does not cover all services multiple times for the year. The ABN just serves as a notice of the service that will be rendered to you on the day of your visit. Should you refuse to sign this notice, we reserve the right to refuse service to any and all patients. This is required by Medicare, should you have any questions please contact your Medicare office directly.



PRESCRIPTIONS/REFILLS:

All medication refills must come from your Pharmacy. They will send us an electronic or fax request. However, keep in mind that there is always human error, please feel free to leave a request on our medication refill line.

Please note we cannot refill medications that we did not prescribe.

Prescription Mail Orders: There is an annual fee of \$30 for anyone using a prescription mail order company.

Please allow 24-48 hours for refills and please do not wait for the last minute for refill requests.

NARCOTIC MEDICATIONS:

For all patients who are on Narcotics on a continuous basis, you must be seen every 30 days prior to refills. No exceptions.

We support a pain management program for all chronic pain patients. We do not support continued narcotic use. If you run out of your narcotics before it can be refilled, we will be unable to refill your medications; this is in accordance with the FDA rules and regulations.

FORMS:

There is a \$35 fee for any forms to be completed such as family leave, workers comp, DMV, DOT, etc. All fees must be paid in advance. Please drop off your forms at least 10 business days ahead of the due date.

It is our policy that every patient receives a copy of the HIPPA regulations as well as the Advanced Directive. Please acknowledge that you have received a copy. If you have not please ask the receptionist and you will be provided a copy for your records.

NOTICE TO CONSUMERS:

Medical doctors are licensed and regulated by the
Medical Board of California
(800) 633-2322
www.mbc.ca.gov

Patient Signature: _____ Date: _____

Print Name: _____