

PREMIER WOMEN'S HEALTH, LLC

NAME

DATE

OFFICE POLICIES & PRIVACY PRACTICES

APPOINTMENTS

Office visits are by appointment only. We strive to see our patients as close to their appointment times as possible. As you know, emergencies do arise and can cause an increase in wait time. We understand that there are times when it will be necessary for you to cancel or reschedule your appointment. In order for us to be available to as many patients as needed, we ask that you kindly provide our office with a 24 hour notice. Our office will give you a reminder call within 5-7 day of your appointment:

- There will be a \$50 fee for a no-show appointment or a non-emergent cancellation the same day of your appointment or less than 24 hours before your appointment.
- There will be a \$75 fee for a no-show for a cancellation the same day of a scheduled procedure, including aesthetics treatment, or less than 24 hours before your scheduled procedure or aesthetics treatments.
- There will be a \$200 fee for a cancellation of a surgical procedure less than 72 hour before your surgery.

These fees are billed directly to you and must be paid before your next scheduled appointment. Multiple "no shows" in any 12 month period may result in termination from our practice.

TELEPHONE CALLS, MEDICATION REFILLS AND TEST RESULTS

We ask that you make all non-emergent calls and prescription refills during our regular office hours. Calls made after 4 pm may not be returned until the next business day. Please allow 5-7 days to process prescription refills and/or requests. **Please allow 14 days to receive calls regarding your results pending provider's review.**

REFERRALS

Allow 5 to 7 business days to process routine referrals.

NSF/CLOSED ACCOUNTS

There is a \$50 charge for all returned checks.

PATIENT / INSURANCE PAYMENTS

Payment is expected at the time services are rendered. Payment will be accepted in the form of cash, check, Visa, MasterCard, or Discover. There is a 3.5% fee added to any payment taken with a card. We require that you update your information annually or as often as the information changes to assure you receive correspondence from our office. Please be aware that most insurance plans do not cover 100% of the services provided. Account balance exceeding 90 days will be turned over to an outside collection agency and your care will be terminated with our practice.

MEDICAL RECORDS / FMLA

All medical record requests require written release of information. Please allow two weeks for the processing of all medical records. There is a \$25 fee for the 1st 25 pages and \$0.50 per additional page patient fee for medical record requests. This must be paid prior to disbursement of records.

There is a \$35 initial fee for forms requiring completion by your provider and a \$15 fee for additional forms for the same encounter. This includes Family Medical Leave, Disability, etc. Please allow two weeks for completion of all forms.

Thank you for your understanding and cooperation as we strive to best serve the needs of all our patients.

I have read and understand the office policies related to care provided by Premier Women's Health, LLC

(CONTINUED)

PREMIER WOMEN'S HEALTH, LLC

NAME

DATE

OFFICE POLICIES & PRIVACY PRACTICES, CONT.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

These policies are to provide a description of the uses and disclosures of certain health information. I understand that Premier Women's Health, LLC reserves the right to change its Notice of Privacy Practices, Patient Financial Policy and Office Policy. Prior to implementation an updated copy will be provided at the office. A copy of the updated Policies may be requested by calling the physician's office or requesting a copy in person at an appointment.

Patient Signature/ Legal Representative Signature

Date

ACKNOWLEDGMENT OF RECEIPT OF CELLULAR PHONE DISCLOSURE

I authorize Premier Women's Health, LLC to contact me via current and any future phone number (s), email addresses, or wireless device(s) regarding my delinquent account(s) I owe to Premier Women's Health, LLC or to receive general information from Premier Women's Health. I also authorize its agents, representatives and attorneys (including collection agencies) to use automated telephone dialing equipment and artificial or pre-recorded voice messages and personal calls in their effort to contact me for purposes of collecting any portion of my account which is past due. I understand that I may withdraw my consent to call my cellular phone by submitting my request in writing to Premier Women's Health, LLC or its agents.

I have read this disclosure and agree to the terms described above.

Patient Signature/ Legal Representative Signature

Date