## INFECTIOUS DISEASES ASSOCIATES, PC

Dear New Patient / Established Patient:

We would like to take the time to go over some of our policies and procedures.

REFERRALS ARE YOUR RESPONSIBILITY: If you come to the practice with an outdated referral, we will be happy to reschedule your appointment or you can pay for the visit before seeing the doctor.

<u>CO-PAYS ARE DUE BEFORE SERVICES ARE RENDERED:</u> If a co-pay is not paid, we will need to reschedule your appointment,

**CANCELLATION NOTICE:** A 24 hour advance notice is required for cancellation.

<u>MEDICAL RECORDS</u>: We require a signed release for medical records. There is a \$20.00 retrieval fee and .75 cents per page. We require a 48 hour advance notice. There is no charge if we are sending your records to another physician.

<u>CONFIRMATION OF APPOINTMENTS:</u> We give a phone call to our patients 24 hours before your appointment. Please make sure we have correct phone numbers. If you are a new patient and we can not confirm your appointment, we will cancel the appointment.

<u>TIMELY APPOINTMENTS:</u> We strive to see patients at their scheduled appointment time. However, due to emergencies at the hospital, we sometimes run late. <u>No one arriving more than 15 minutes late will be seen.</u>

STATEMENTS: Statements will be sent to everyone that has a balance due on their account. If you prefer a statement not to come to your house, you need to provide us with a P.O. Box, or you can pay for the visit at the time of service. After insurance has paid, the remaining balance is due within 90 days or the account will be turned over to Innovative Accounts Mgmt. Collection Agency.

PATIENT SIGNATURE	DATE
. • • •	
PROCEDURES.	

<u>I HAVE READ AND UNDERSTAND THE ABOVE POLICIES AND </u>