

6 HOUR CANCELLATION POLICY

Please note that we must charge when there is a **LATE CANCELLATION** or "**NO SHOW**". There can be no exceptions. We understand that people get stuck in meetings, forget appointments, have family emergencies, ETC. In order to stay in, managed care plans, employ staff to provided good service, and pay the rent, we must cover our overhead. *WE WILL TRY TO ACCOMMODATE YOU IF YOU ARE LATE.* We need enough office hours time to fill your spot, **6 HOURS!** Leaving a message after hours does not allow us to fill an open appointment before noon. **A 30- MINUTE PHYSICAL WILL BE BILLED \$100, AND A 15 MINUTE OFFICE VISIT WILL BE BILLED \$50. THIS IS NOT REIMBURSABLE BY INSURANCE.** Once a spot is reserved, it is your spot! We do not double book, we attempt to run close to schedule (Rough admittedly we often get behind when there are emergencies, patients arriving late, Etc.)

SIGNATURE OF PATIENT OR PARENT/LEGAL GUARDIAN

DATE

HEALTH FORMS POLICIES

Form fee \$15.00

It is the goal of the physicians and staff to accommodate as many requests as possible to the furthest reasonable extent, bearing in mind the following limitations:

- **Blank forms will not be accepted.** Forms will only be accepted for completion if the **patient name** and other information have been completed.
- While every effort will be made to complete forms as quickly as possible turnaround time for form completion is usually fewer than 10 business days.
- **Forms are held at the office for pick up. The Health Insurance Portability and Accountability ACT (HIPAA) regulations require forms to be released only to the patient or parent/ guardian.** Federal law prohibits doctor's offices from faxing or mailing medical information to non-medical facilities. We are not responsible for delays or losses in the mail.
- Forms are completed for those whose accounts are in good standing. Forms must be paid for before they are released. Many forms require the information to be base, on an examination completed within **12 months** of the date the form is completed

NOTE: Insurance companies do not reimburse for form completion, and we do not bill insurance for completing any form.

Sincerely,

Family Medicine NYC P.C

I, _____ have received this document on _____ (date)

Signature: _____.