



Office Policies

- An answering service is available to take your call after hours, weekends and holidays. If you are having a medical emergency please dial 911.
- Any phone calls made during regular business hours will be addressed as soon as possible. If you feel that you have an urgent medical concern, please call for an appointment.
- If your insurance requires a referral to a Specialist, it is your responsibility to advise this office before you see the Specialist. Referrals require **a minimum of 5 business days** to complete.
- Referrals to Specialist must be approved by your insurance before you are able to see a Specialist. If you decide to see a specialist without it; have the Specialist's office send us a written request for referral and a waiver of PCP /insurance responsibility. If you see the specialist without the required referral we cannot guarantee your referral will be approved. You might encounter out of pocket expenses.
- **Annual Routine Physicals, Medicare Annuals & Annual Well Women**- CANNOT be combined with any other visit; for additional Health complaints a follow up appointment must be scheduled, any new health complaints addressed during annual consults might be subject to Deductibles, coinsurance and/or financial responsibility.
- For all refills, please contact your pharmacy to fax our office a refill request within three business days before you run out of medication. We are not able approve refill requests after routine business hours.
- Austin Primary Care has on staff midlevel providers to assist in the delivery of care. I understand that at any time I can refuse to see the midlevel provider and request to see a physician.
- A copy of your medical records can be requested with an advanced fee of \$30.00. If you would like a copy of your billing records an additional \$30.00 fee will be assessed. There is a \$25.00 charge for all forms to be completed by our office. Additionally any letters that require a provider signature will incur a fee of \$15.00. Please allow 5-7 Business days for completed paperwork.
- We respect the strict confidentiality of the physician-patient relationship. We ask the same of you. By signing below, you agree that you will not make any recording of any person in this facility without their express written permission.

We encourage you to be an informed consumer by understanding your coverage, how to access information from your carrier, and which ancillary providers, e.g. lab and X-ray facilities, participate with your plan. Please inform us of changes to your demographics or insurance coverage.

I have read and understand the Office Policy of Austin Primary Care Physicians as stated above. I authorize medical care by designated APCP staff members. I authorize the release of any Patient Health Information necessary to process claims. I authorize payment of medical or government health benefits to the treating providers.

(Signature of patient/Legal Guardian)

(Printed Name)

(Date)