



OFFICE POLICIES

We are pleased that you have chosen Robyn Roberts, M.D. for your urologic healthcare needs. Dr. Roberts and her staff are committed to providing you with the best possible care. Please Take a brief moment to review the following policies. If you have any questions,, please see our front office staff.

OFFICE POLICIES

Requests for refills of prescription medication should be made directly with your pharmacy. The pharmacy will contact us with the information needed to process your request. All request will be completed within 24 hrs. However, we recommend you call your pharmacy 2-3 days before you run out of your medication to ensure you continue to receive your medication as needed.

Missed Appointments

We would appreciate your help and courtesy of a phone call if you are unable to keep your appointment. Please notify our office at least twenty four(24) hours prior to your appointment.

Returned checks

A \$45.00 fee will be assessed to your account for each returned check. Payment of NSF checks must be made by cash, credit card or money order only.

Surgery Deposit

South Land Urology is committed to providing the highest quality of care to our patients. No-Show, missed appointments, and short notice reschedules have a great impact on our ability to provide timely access to care. When a person fails to show up for a scheduled procedure, rescheduled or cancel their procedure, it leaves an empty time in our physician's schedule that could have been used by another patient.

A non-refundable \$150.00 deposit is due upon scheduling the procedure.

Outstanding balances are turned over to a collection agency and in turn to credit bureaus after 90 days. In the event that a patient stops making payments on his/hers outstanding balance for longer than 45 days, he/she will be considered as having a delinquent account.

We will do our best to see you when your health changes acutely (kidney stone, infections, blood in the urine, inability to urinate, etc). Please understand that some delays are unavoidable as are surgical emergencies when the doctor gets called out to the operating room or to assist a colleague. Our promise is to treat you with respect and compassion. We value your time and we strive daily to be punctual.

I have read the above financial policy, I agree to comply with the terms set forth in this policy for services rendered at South Land Urology.

Patient/Legal guardian's Signature _____

Patient's Name (please print) _____ Date _____