

Saratoga Family Medicine, PLLC  
6 Medical Park Drive, Suite 208  
Malta, NY 12020-3737  
(518)-899-9090

Acknowledgement of Office Policies and Procedures

\_\_\_\_ (Int)\* Insurance authorization:

I hereby authorize my insurance benefits to be paid directly to Saratoga Family Medicine, PLLC, and acknowledge that I am financially responsible for any co payment and /or deductibles as required by my insurance at the time of service. I understand that a current and updated insurance card is to be provided at the time of service.

\_\_\_\_ (Int)\* Financial Policy:

If your balance is not paid in full after 30 days of your statement, you will be charged interest of 1 % on the balance, for each month over 30 days from the date of the first statement. Any balances over 30 days will need to have a payment plan set up prior to making an appointment.

\_\_\_\_ (Int)\* Office No Show Policy: (within a 24 month period)

1st no show: You will receive a call from our office

2nd no show: You will receive a \$25 fee and this will be your final warning

3rd no show: Will result in discharge from our practice.

\_\_\_\_ (Int)\* If you are more than 15 minutes late for an appointment you will be marked as no show, a \$25 fee will be applied to your account, and your appointment will need to be rescheduled.

\_\_\_\_ (Int)\* Cancellation Office Policy:

Please notify the office of cancellation 24 hours prior to your appointment to avoid a \$25 fee.

\_\_\_\_ (Int)\* Tests Results: Blood work and Imaging:

Tests results are reviewed by your provider and you will receive a call from our staff with results within 14 days. We would appreciate if you do not call the office for the results before 7 days (unless instructed to do so by the provider).

\_\_\_\_ (Int)Referrals:

Please allow two weeks from the date of referral to be contacted by specialist

\_\_\_\_ (Int)\* Paperwork and Forms:

Forms will be complete and ready for pick up within 7 business days. Some medical forms may require an office visit.

\_\_\_\_ (Int)\* Prescription Requests:

All prescription refill requests require 72 business hours (weekends and Holidays not included).

Please do not use the emergency line for refills as the on call doctors will not be able to fill the prescriptions.

New patients will not be prescribed any controlled substances/narcotics for the first 30 days.

I, \_\_\_\_\_, acknowledge that I have reviewed the office policies and procedures.  
(Print patient's full name)

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 1/2024

