



GENERAL OFFICE POLICIES

Hunt Regional Medical Partners is committed to providing the highest quality care in the most positive, efficient environment. Every patient, including you, deserves our undivided attention. To accomplish this goal, we find it necessary for patients and staff to follow some simple office policies.

1. Please arrive on time for your appointments. If you find that you may arrive late, please contact our office to confirm you can be worked in after your scheduled appointment time.
2. If you find it necessary to reschedule, please do so at least 24-hours prior to your appointment time. We may find it necessary to charge your account 25.00 for a missed appointment if you do not provide 24-hours notice.
3. To process your refill requests timely, we ask that you follow these steps:
 - a. Routine prescription refills require 48-hours to approve. Please notify our office at least two days in advance so your refill is ready at the pharmacy when you need it
 - b. For existing prescription refills, please contact your pharmacy first, even if you are out of refills. Your pharmacy will contact us
 - c. For problems with a new or existing prescription, contact our office. You will be routed to our "NURSE LINE." Please leave a message on the voice mail and your message will be attended to within 48-hours. This line is monitored throughout the day
 - d. For problems with any prescription that is of an urgent need and cannot wait, please let the front office know at the time of your call that you do not want to be transferred to our NURSE LINE. You will be accommodated if it is an urgent request
4. Please notify the medical assistant of any medication changes, even if prescribed by another provider. It is imperative that your electronic health record with us be as current and accurate as possible, so that we can appropriately care for you.

While we understand the time sensitive nature of refilling prescriptions, we ask that you limit urgent immediate prescription issue requests to those that are actually urgent.

5. Payments are due at the time of visit. This includes coinsurances, estimated and confirmed deductibles, and self pay payments. For your convenience, we accept cash, check, American Express, Discover, Mastercard, and Visa.
6. Please provide the front office with updated insurance, address, phone, and other changes at the first appointment after the change. Failure to provide this information may result in unnecessary patient liability for payment.

RESCHEDULE, CANCELLATION AND NO SHOW POLICY

We understand that situations arise in which you must cancel or reschedule your appointment. It is requested that if you must cancel or reschedule your appointment you provide at least 24 hours notice. This will allow for another patient who is waiting for an appointment to be scheduled in that appointment slot.



Office appointments and procedures which are cancelled or rescheduled with less than 24 hours notification may be subject to a **\$25.00** fee. This fee will be required to be paid prior to another appointment being scheduled for the patient.

Patients who do not show up for their appointment or procedure and do not call to cancel or reschedule their appointment will be considered a **NO SHOW**. Patients who **no show** two (2) or more times in a 12 month period, may be dismissed from the practice and denied any future appointments. Patients that **no show** will also be subject to the **\$25.00** cancellation fee.

Our practice firmly believes that good physician/patient relationship is based upon understanding and good communication. Questions about our cancellation, reschedule, and no show fees can be directed to our Billing Department (903) 408-5805.

I have read these policies and agree that they are an established part of this practice:

Patient/Guardian Signature

Date