

ARTHRITIS AND OSTEOPOROSIS MEDICAL CENTER OFFICE POLICIES

Dear Mr. Mrs. _____

We look forward to having you as our patient, and ask that you take a moment to read and sign the following documents as acknowledgement that you have read and understood the Arthritis and Osteoporosis Medical Center office policies.

On your first visit, you will be asked to provide us with this completed new patient packet and your medical insurance card. The patient registration sheet will ask you for your personal identification information, including your driver's license or state I.D. and your Social security number; all this information is needed in order for us to bill your insurance electronically. We understand that many people may feel uncomfortable sharing this much personal information, and want to assure you that our office staff is properly trained to handle this sensitive information according to all approved privacy guidelines. Once you are registered in our computer system, all paperwork you have filled out is scanned into your electronic chart and then shredded by a professional shredding company. You will also need to bring with you all the bottles of medications you are currently taking.

To ensure you have a pleasant experience as our patient, we ask that you comply with your responsibilities as follows:

If you are unable to keep your appointment, kindly call our office at least 24 hours in advance, we will only re-schedule a new patient appointment a maximum of 3 times, after which we will not be able to schedule any more appointments for you, our "No show" fee for new and established patients is \$25.00.

Please notify our office as soon as possible (and before receiving treatment), of any changes to your insurance, and / or personal information, this will avoid disruption to ongoing treatment and / or you being liable for services provided if there is a lapse in your coverage.

Please be advised that all copayments for office visits are due on the date of service, we accept cash, checks and all major credit cards. In the event a check is returned unpaid from the bank due to insufficient funds, you will be charged a fee of \$25 and will not be able to pay us by check for 1 year. We ask that you keep all receipts we give you when collecting your co pays, so you can refer to them if there are any questions or discrepancies.

Always make sure you have laboratory and / or any other tests done at a facility contracted with your insurance, to avoid being billed for these services, when in doubt, please call your insurance company and / or ask our office personnel.

If you require your medical records to be copied, you must sign a release authorizing us to provide them to the person or facility of your choice, there is no charge for copying records needed by another physician for your treatment, the clerical fee for records copied for any other purpose is \$25; there are also fees associated with any forms completed by the Doctor (such as disability, jury duty excuse, DMV, etc) prices vary depending on the number of pages, please ask our office personnel. Please be advised that our physicians **do not** fill out disability forms on your first visit, but will be happy to provide your office notes to your Primary Care Doctor, so they can fill them out for you. All copies of records and forms filled out by our physicians take 7 to 10 business days from the date we receive payment, please allow enough time for processing so you don't experience delays.

Thank you for trusting us with your health care and personal information, we appreciate the opportunity you are giving us and hope to meet your expectations. You can also learn more about our office by visiting our web page www.Aomed.org, once you become our patient you may also sign up for our secure patient portal.

Patient's signature _____ Today's date _____

Please print patient's name _____

