Office Policies

Insurance

It is your responsibility as a patient of 830 Wellness to know your benefits and billing information. It is the expectation of our practice that you will first contact your insurance with questions about a billing issue.

Payment/Copayment

For insured patients, copayment is due at the time services are rendered. For self-pay patients, payment of our self-pay rates is due at the time services are rendered. *We do not accept payment by check.*

On-Call/After Hours

At this time, this is not a service 830 Wellness provides. If you experience a true health emergency after hours, please proceed to the nearest emergency department for immediate evaluation. Otherwise, we will answer your questions during the next day's business hours.

Controlled Substances

We do not provide Schedule II controlled substance medications of any kind for any reason. Other Scheduled drugs, are prescribed at the discretion of the provider you see during your visit. An in-person or telemedicine visit is required for refills of this type of prescription.

Missed/Canceled/Rescheduled Appointments

We require 24 hours advance notice that an appointment needs to be canceled or rescheduled. A no-call, no-show will result in a \$25 fee. Special situations should be discussed with management if you feel this fee should not apply to you. More than one no-call, no-show may result in discharge from the practice.

Courtesy

Our staff will remain courteous at all times, and we ask that you as a patient do the same. Even in times of frustration, the expectation of 830 Wellness is that you remain calm. Any sign of aggression, harassment, physical or verbal abuse constitutes grounds for refusal of service and immediate discharge of you and family members from the practice.

Patient-Provider Relationship We recognize that the healthcare provider-patient relationship is important, and a perfect match may not be made 100% of the time. If at any point you feel this is not the right practice for you, we will send your medical records to the provider of your choice at your request. If at any point 830 Wellness recognizes you may not be the right fit at our practice, we will make the appropriate referrals to have your needs met elsewhere. Printed Name Date

Signature