



Patient Policies

Dear Patient,

Welcome to Clover Family Medicine and Esthetics! We are honored to be able to care for you. Welcome to our family. Our goal is to care for you as such. Please be courteous to us as well while we work to keep you in the best health possible. Below you will find our current policies.

Sincerely,

The Team at Clover Family Medicine & Esthetics

Appointments:

Office hours are scheduled by appointment only. In scheduling appointments, it is our intent to see you as close to your scheduled appointment time as possible in respect of your time. Our staff and physicians will make every effort to accommodate urgent add-on requests. Please be aware that due to the nature of our practice, emergencies can occur and may cause delays. Individuals that arrive prior to their appointment times may be seen early, only if the schedule allows. If you arrive over 15 minutes after your quoted appointment time, you may be asked to reschedule.

Cancellations/No Shows:

If an appointment is missed or not changed 24 business hours prior to the appointment, there will be a charge of \$55. We reserve your appointment exclusively for you. Please understand that last-minute cancellations postpone other patients from being scheduled.

I understand the cancellation policies and fees.

Signature: X _____

Date: ____/____/____

Minors:

Minors under the age of 18 will only be seen without a parent or guardian if written and verbal consent is provided.

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ePrescription History Consent:

Our office utilizes ePrescriptions to reduce medication errors and enhance patient safety. One optional feature of this service is the ability to obtain your list of medications from your pharmacy benefit manager using the SureScripts service.

I authorize Clover Family Medicine and Esthetics to view my external prescription history. I understand that prescription history from multiple other unaffiliated medical providers, insurance companies, and pharmacy benefit managers may be viewable by my providers and staff here, and it may include prescriptions back in time for several years.

Signature: X _____ Date: ____/____/____

Notice Regarding Payments/Insurance Claims:

If we are filing insurance for your visit, we must have all of the necessary information. If we are unable to verify your insurance, we will not be able to file your insurance, and payment will be required at the time of service.

The exact amount that your insurance company will pay for your claims cannot be determined with complete accuracy until the claim has been filed to your insurance company and they have processed it. Your office co-pay is due at the time of service. If you have a health plan with coinsurance or unmet deductible, that will also be due at the time of service. In many cases, the co-pay will only cover the office visit and any procedures (such as biopsies, removing or freezing a lesion) performed in the office may fall to your office surgery deductible/coinsurance. If we can determine with reasonable certainty that your insurance company is likely to leave a balance that is due by you the patient, we will collect the estimated amount due at the time of service.

If you are paying as a self-pay patient, payment is due in full at the time of service. We do give an immediate payment discount for self-pay.

Please be aware that cosmetic procedures such as benign mole removal, skin tag removal, and cosmetic skin consultations will be your financial responsibility if your insurance plan determines these are not medically necessary. Botox and IV therapy will be a cash only service.

Our policy does require that you present your insurance card and a valid driver's license or photo ID at check in at every appointment.

Past-Due Balances:

Any and all balances that are outstanding for over 60 days will automatically incur a \$20 administration fee.

Clover Family Medicine and Esthetics works with collection agencies for any account that is delinquent over 90 days. If your account is turned over to a collection agency, an additional \$30 fee will be administered for the costs associated with collections.

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Returned Check Fee:

A \$35 processing fee will be assessed for checks that are returned for insufficient funds.

Assignment of Benefits:

I hereby authorize payment of all health insurance benefits to Clover Family Medicine and Esthetics and allow assignee to release all information necessary to secure payment. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment.

Practice Privacy Policies

Notice of Privacy Practices Acknowledgement Form

Use and Disclosure of Health Information for Treatment, Payment, or Healthcare Operations

I understand that as part of my healthcare, Clover Family Medicine and Esthetics originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment. I understand that this information is utilized to plan my care and treatment, to bill for services provided to me, to communicate with other healthcare providers and other routine healthcare operations such as assessing quality and reviewing competence of healthcare professionals. I understand that in order to obtain the best quality and care for me Clover Family Medicine and Esthetics may make my protected health information available electronically through an electronic health information exchange to other health care providers that request your information for their treatment purposes. In all cases the requesting provider must have or have had a treating relationship with you. Participation in an electronic health information exchange also lets us see other provider's information about you for our treatment purposes.'

Clover Family Medicine and Esthetic's Notice of Privacy Practices provides specific information and complete description of how my personal health information may be used and disclosed. I have been provided a copy of or access to the Notice of Privacy Practices and understand that I have the right to review the notice prior to signing this consent. I understand that Clover Family Medicine and Esthetics reserves the right to change the Notice of Privacy Practices. Prior to implementation of the revised Notice of Privacy Practices, the revised Notice will be sent to my patient portal. I understand that I have the right to restrict the use and/or disclosure of my personal health information for treatment, payment or healthcare operations and that Clover Family Medicine and Esthetics is not required to agree to the restrictions requested. I may revoke this consent at any time in writing except to the extent that Clover Family Medicine and Esthetics has already taken action in reliance on my prior consent. This consent is valid until revoked by me in writing. I understand I can request a copy of my records in writing.

I request the following restrictions on the use and/or disclosure of my personal health information. I further understand that any and all records, whether written, oral or in electronic format, are confidential and cannot be disclosed without my prior written authorization, except as otherwise provided by law. I have been provided and have reviewed Clover Family Medicine and Esthetic's Notice of Privacy Practices dated September 8, 2021.

_____ X _____ / /
Print Name of Patient/Legal Representative Signature of Patient/Legal Representative Date

Form up dated 02/19/2026