

Name: _____

Cancellation and No-Show Policy

Office Visits when made are reserved for you alone. When you make an appointment, please make sure that you are able to keep it. Emergencies or “unforeseen occurrences befall us all.” Situations or problems may arise that cause schedule conflicts and other delays. If you have an unexpected medical issue that needs attention, we will do our best to accommodate you. We realize that other patients may be slightly inconvenienced, will understand the nature of a emergency situation. At some point, they may need the same courtesy too and we will be there for them as well!

If you cannot keep your appointment, please notify us as soon as possible. We also like to accommodate walk-ins and have a waiting list of other patients that are also in need of appointments. Please contact us to cancel your appointment with-in 24 hours, if possible. There will be a charge of \$30.00 per appointment that resulted in a no-show after the 3rd time..

I acknowledge and understand the Story Family Medicine (Cancellation and No-Show Policy). PATIENT INITIALS: _____

HIPPA-Consent to Treat and Disclosure of Health Information

To Provide Treatment: We will use your HPI within the office to provide you medical care. This may include administrative, clinical and office procedures designed to optimize scheduling/coordination of care between the physician and/or other clinical, lab, imaging centers, pharmacies, or other health care providers handling your care.

To Obtain Payment: We will use your HPI with an invoice, used to collect payment for the treatment you receive here. HPI will be used on your insurance forms sent by mail or electronically.

In Patient Reminders: Phone calls to remind you of a upcoming appointment or situations will be necessary. Additionally, we may also use electronic methods to contact you such as email, text message, by phone, online patient accounts, postcards, letters, statements, etc. These methods of communications help optimize our office workflow.

Abuse of Neglect: We may notify government or other agencies if we believe a patient is a victim of abuse, neglect, or domestic violence. We will make their disclosure only when we are compelled by our ethic judgement, specially required, authorized by law or with patient’s agreement and request.

Public Health/National Security: We may be required to disclose to federal/ military officials or other authorities, if HPI is necessary to complete an investigation related to public health or national security. HPI is important to the government if they believe that public safety could benefit from, control or prevent an epidemic.

For Law Enforcement: As permitted/required by State/Federal Law, disclosure of HPI may be necessary under certain circumstances, if warranted. Whether being a victim of a crime or reporting a crime. We will revoke access, at any time to also protect the patient, unless there is a warrant in place or consent given from the patient directly.

I understand the Story Family Medicine (HIPPA Consent to Treat and Disclosure of Health Information) PATIENT INITIALS: _____

Medical Health Benefits and Patient Responsibly/ Financial Policy

IF YOU HAVE HEALTH INSURANCE

As a condition of services by our office, a financial arrangement must be made. If you have Health Insurance, you are responsible with becoming familiar with what coverage and financial responsibility you have. Your insurance benefits are a contract between (you and your insurance company). To file claims properly, you must present us a copy of active insurance cards. Services rendered, will be charged directly to your account for any balance owed/pending review/response with the insurance regarding your reimbursement/benefit. Any balances transferred to the patient’s responsibility must be paid within a timely manner. There is a \$25.00 fee for returned checks.

Any fees due at the time of service include: Co-pays, deductibles, non-covered services or patients that are not covered by insurance.

IF YOU DO NOT HAVE HEALTH INSURANCE

For self-pay patients, we offer discounted rates, though we require payment in full at the time of their office visit. We accept Cash, Visa, Mastercard, Visa, American Express and Discover.

I acknowledge and understand the (Medical Health Benefit and Patient Responsibility/ Financial Policy) and accept financial responsibility for my medical care provided by Story Family Medicine. PATIENT INITIALS: _____

Narcotic Prescribing and Medication Adherence Policy

Scheduling an appointment, does not guarantee that you will be prescribed Narcotic or other types of medications. Some medications may provide therapeutic relief, though many have more risks than benefits, and may cause harm if used incorrectly. Certain measures must be taken to ensure the patient’s safety before prescribing can be done. The patient must disclose all medications that they are currently taking or any illicit drugs being used.

Narcotic medications WILL NOT be prescribed at the New Patient Appointment. No exceptions.

If there are medications that are medically necessary, blood work and a urine drug screening must be completed before the next appointment. We will also require Medical Records from the former prescribing doctor that managed your medication, so we can transition your care properly.

I acknowledge and understand the (Narcotic Prescribing/Medication Adherence Policy),
I agree to the terms as stated above. PATIENT INITIALS: _____

To the best of my knowledge, all of the preceding answers and information provided are true and correct. I accept the conditions outlined above have read the Office Policies of Story Family Medicine.

Signature of patient, parent of guardian or guarantor Date