



Partners in Family Medicine
6000 24 Mile Road
Shelby Township, MI 48316

PATIENT OFFICE POLICY NOTIFICATIONS

1. I understand that Partners in Family Medicine participates with Quest Diagnostics. If my lab work is required to go to a different lab, per my insurance company, I agree to inform the medical assistant prior to testing at each office visit.
2. If your insurance company requires a prior authorization for diagnostic services, please allow at least 7 days from the time you schedule your diagnostic test and notify PFM staff to obtain the authorization from your insurance company.
3. If your insurance company requires us to process a referral to a specialist, you must be seen at PFM in the calendar year for which you are requesting a referral and provide PFM staff at least 72 hours' notice to obtain your referral. Referrals will not be faxed to your specialist's office.
4. If your insurance company requires a prior authorization for prescribed medication, please allow 7 - 14 business days for PFM staff to obtain authorization from your insurance company.
5. Some insurance plans require a deductible, copay, or co-insurance payment as part of your contract. These contractual obligations are collected at the time of service.
6. For your convenience, please request medication refills at the time of your appointment. If you are calling the office directly for refills please allow 24-48 hours for refills to be sent to your pharmacy.
7. To protect your personal health information prescriptions, test results and paperwork will only be given to persons listed on your release of information form.
8. I understand I will be assessed a fee if I "no show" (no call no show) to a scheduled appointment and for same day cancellations of scheduled appointments.
9. By signing below, I am aware of Partners in Family Medicine Notice of Privacy Practices and can request a copy at any time.

By signing below I acknowledge that I have read and understand the above office policies:

X _____
Signature of Patient/Representative

Date

Printed Name of Patient

Date of Birth

Witness