



Welcome to CBC! Office Policies

Cancellation Policy:

If you cannot keep an appointment, please call the office to cancel at least 24 hours prior to that appointment. **If you do not call the office and do not show up for the appointment, you will be charged \$50.00. This fee is NOT billable to your insurance company and will need to be paid prior to being seen for your next appointment.** Of course, consideration is given to appointments canceled due to inclement weather, emergencies, illness, etc.

Payments:

Co-payments are required at the time of your visit (this is an agreement between you and your insurance company). Because of this agreement, we are mandated by your insurance company to **collect your copay at the time of service.** Those patients without health insurance (self-paying) are required to pay a \$200.00 deposit at the time of their visit, and to pay for each subsequent visit at the time of the appointment, unless other arrangements are made with the office prior to the appointment. These visits are to be paid with a credit/debit card.

If a referral is required by your insurance company to see a specialist, you are responsible for obtaining that referral, and it must be sent to our office prior to your appointment by your Primary Care Physician. If it is not received, you will have to reschedule your appointment.

If you have a **worker's compensation claim,** ALL information regarding the claim must be received by our office prior to being seen. If you were involved in a **motor vehicle accident,** we **MUST** have a letter from your auto insurance company stating whether or not you have medical coverage (MEDPAY) with your policy, prior to being seen.

Paperwork:

If you have paperwork that requires the doctor's completion and signature, please fill out your portion of the form and either mail or bring it to the office. We do our best to have the forms ready for pickup, mailing or faxing within 7-10 business days. **Please note there is a fee in the amount of \$30.00 for completion of paperwork that is good for 1 year from the date of payment. If you are requesting Medical records, there is a fee of \$0.65/page unless being directly sent to another provider.**

Discharge Policy:

It is the policy of this practice to maintain a cooperative and trusting physician-patient relationship with its patients. When such a physician-patient relationship has not been formed or a physician-patient relationship is no longer proceeding in a mutually productive manner, it is the policy of this practice to terminate the physician-patient relationship within the bounds of applicable state and federal laws, rules, and regulations; the American Medical Association guidelines, and this policy so that the patient can develop the type of trusting relationship with another physician that is essential to successful continued care and treatment.

Patient Signature:

Date:
