

## OFFICE POLICIES AND ADDITIONAL FEES

Thank you for choosing Atwood Family Medical Center. We are committed to the success of your medical treatment and care. Please understand that payment for services rendered is part of your treatment and care.

- Our goal is to manage your time with our practitioners in an efficient manner. Therefore, all appointments must be cancelled **24 hours prior to your visit** or you will be responsible for paying a missed appointment/late cancellation fee. No further office visits will be scheduled until all missed appointment fees are paid.

Missed appointment/late cancellation fees:	\$25.00 routine office visit
	\$35.00 extended office visit, well-woman, pre-operative exam
	\$45.00 complete physical, well-child

This fee will **NOT** be filed to your insurance company. *Please remember, although we attempt to contact patients in advance as a courtesy reminder, ultimately keeping appointments is the patient's responsibility.*

Please arrive at least 15 minutes prior to your scheduled appointment. Should you arrive late for your scheduled appointment, you may be asked to reschedule your office visit.

- There may be a charge for medical forms (employment, disability, life insurance, DMV, scooter, etc.) completed by the practitioners. There will be a charge for any medical letters you request as well as copies of your medical records **including copies of labs and x-ray reports**. Requested copies will not be mailed or sent by fax. You may pick up your requested copies during normal office hours.

Completion of Forms/Medical Letters	\$10.00 to \$35.00
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### Medical Records Copies

We **MUST** have a HIPAA compliant Authorization to Release Information **BEFORE** your information can be released on your behalf. Please allow two weeks for your records to be released.

Charge for chart retrieval, copying, postage and labor:	\$10.00
Pages 1 thru 50	\$ .50 per page
Pages 51 and over	\$ .25 per page

- Payment is expected at the time of service unless arrangements have been made prior to your visit. There is a **\$5.00 billing fee** for all deductibles, co-payments and coinsurance not paid at the time services are rendered. If for any reason you must be mailed a statement, the balance is due in full upon receipt or you must contact the office to make payment arrangements. You will be charged a **\$5.00 processing fee** for each additional statement mailed.
- There is a fee of **\$30.00** for all returned checks. We will no longer accept payment by personal check after the receipt of a returned check. We will accept cash, VISA, MasterCard, or Discover.
- We do **NOT** accept walk-in appointments. If you or a family member has an acute problem (e.g. fever, severe pain, bleeding, shortness of breath, etc.) that requires prompt medical attention, please call our office as soon as possible so we can determine the appropriate place of treatment.

I have read the above stated policies and fees of Ronald W. Atwood, M.D., P.C.

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Patient's Name - **PRINT NAME**

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Patient's **SIGNATURE** (Guarantor's Signature if a minor)

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Date