

## Welcome to Mountain View Gastroenterology

We would like to thank you for choosing our office for your health care.

We would like to advise you our office policies.

Any questions can be answered by our front desk.

1. Our office charges \$80.00 for missed office visits, and \$100.00 for missed procedures. Please be sure to cancel/reschedule your office appointment 24 hours prior to your scheduled appointment, and 48 hours prior to your scheduled procedure.
2. If you arrive 15 minutes late to your scheduled office visit you will be required to reschedule your appointment.
3. All payments for services are due at time services are rendered. This includes, but no limited to co-pay, co-insurance, deductibles, etc. (this includes Medicare) we accept cash, check, debit and most major credit cards. There is a \$30.00 return check fee.
4. It is the patients' responsibility to inform the front desk of any changes in your insurance coverage, address, telephone number, physician and name changes since your last office visit.
5. Patients' are responsible for obtaining referrals (this includes Medicare or PPO) medical records, labs, x-rays etc. that pertain to your visit today.
6. There will be a fee to copy records for patient requests. Please allow a minimum of 7 days for medical records request.
7. Per Medicare and State Regulations if you are unable to have your procedure within 30 days of your office visit, you will be required to schedule another office visit before having your procedure done. This policy exists for your safety.
8. **NO CELL PHONE** use in building. As a courtesy to our staff and patients we ask that you handle all phone calls before entering the building. Cell phone use in back office will delay your appointment.

The undersigned fully understands and accepts the policies written above. All questions regarding these policies have been answered prior to signing this form. At your request the receptionist will be happy to make a copy for your records. Thank you for choosing Mountain View Gastroenterology.

Signature \_\_\_\_\_ Date \_\_\_\_\_