

Policies

Office Visits: Please call **803-216-1223** to schedule or change appointments. No shows and cancellations done with **less than 48 hours' notice** may still result in being charged the full appointment fee.

I understand (please initial): _____

Fees: Fees for office visits will be processed on day of service, and a credit card will be *saved* on file. Card on file can be changed per patient request at any time. Clients can pay with cash or check if they choose, but a **card is still required on file**. A \$5 fee will be added to credit card purchases due to processing fees from BLUEFIN.

I understand (please initial): _____

Medicare/Medicaid: Our office provides a superbill you may submit to your insurance for out-of-network reimbursement. Please note that Medicare and Medicaid do not reimburse for services rendered by non-enrolled providers, and submitting such claims is prohibited.

I understand (please initial): _____

Prescriptions: Prescriptions will be provided as needed at your appointment. If refills are required prior to an appointment, please call the office and provide: your name, your date of birth, medication needed, and the name and location of the pharmacy where you would like it filled. Refill requests made outside of an appointment can take up to **48 business hours** to be processed. Prescription refills will not be called in on weekends or after hours.

I understand (please initial): _____

Telephone Messages: Messages are checked daily, and calls will be returned within **48 business hours**. If you are having an emergency and cannot wait for a call back, please go to the closest emergency department or call 911.

I understand (please initial): _____

I have read and understand this entire document:

Patient/Guardian Signature: _____ Date: _____

Patient/Guardian Printed Name: _____