



# Golden Isles Partners In Health

118 NorthPark  
Brunswick, Georgia 31520  
912-268-4994 phone 912-434-9096 fax

Welcome to our practice!

## **Office Hours are by Appointment**

Monday 8 to 5, Tuesday 8 to 3, Wednesday 8 to 3, Thursday 8 to 3 and Friday 8 to 2.

If you see you are going to be more than 15 minutes late, please call. **If you cannot make your scheduled appointment, please call 24 hours in advance to avoid a \$75.00 no show charge to your account starting January 1<sup>st</sup>, 2018.** This time has been set aside especially for you. There are a limited number of patients that can be seen on a daily basis.

## **Medical information**

We would appreciate it if you would complete or update any medical information forms as completely as possible, checking both sides of the page. Please bring a list of all you medications and supplements including the dosage and how you take it. If previous hospital summaries or operative reports are available we would appreciate you bringing them with you. This aids as a guide in the management of your care.

## **Prescriptions Policy**

Prescription refills are done at the time of appointment only.

Please be sure to know and request all medication refills during your visit. Please be aware that failure to attend you follow up appointment within the recommended time frame may interfere with refill availability.

## **Insurance/Billing Policy**

There are several insurance companies that we are not contracted with and we will gladly file for you.

Otherwise, payment for routine office visits is expected at the time services are rendered. We will give you a copy of the receipt to file with your insurance company

## **Missed Appointment Policy**

If you have an appointment scheduled and need to cancel, this must be done within 24 hours prior to your appointment to avoid a 75.00 missed appointment fee. If your card is declined there will be a \$50.00 NSF fee Added. Please make sure we have correct credit card information on file for your account.

## **Waiting on Physician**

Our physicians and staff try to see that our patient are seen at their appointment time. Due to circumstances beyond our control, you may have a longer than normal wait to be seen. We ask that you please consider others. The patient being seen prior to your visit might be getting unexpected news, have experienced recent emotional upset due to death of loved one, or other problems that require more time for their office visit. We do will do the

[www.pihgoldenisles.com](http://www.pihgoldenisles.com)



## Golden Isles Partners In Health

same for you should the need arise. Please consider this when making an appointment on a day you can't wait (example: limited lunch time) as you may be charged a missed appointment fee for not keeping your appointment if you leave.

### **Past Due Accounts Policy**

A 25% Interest charge will be applied to all accounts 30 days past due.

Accounts with a balance must be paid in full prior to scheduling an appointment. All co-pays and deductibles must be paid at time of your office visit. Patients with an account that is turned over to the collection agency or magistrate court will be dismissed from the practice. Please keep in mind that we file your insurance as a courtesy. It is the responsibility of the patient to know your coverage type and guidelines of your insurance policy. Claims that have been denied for any reason must be addressed by you with your insurance company.

### **Lab Order Policy**

Replacement of a lab order will be a fee of \$5.00

### **Appointment Reminder Policy**

Phone calls for appointments are a courtesy. It is the responsibility of the patient to know your appointment Date and time, regardless if you received a courtesy call or not.

### **Items you need to bring with you to your appointment:**

- Your medications**
- Prior medical records and/or hospital reports**
- Insurance cards and driver license or picture ID**
- Completed medical information forms for new patients or updated information**

**I have read and understand the requests mentioned above:** \_\_\_\_\_

Patient **Signature and date**